

Name
in
Full

Recorded by
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frederick C Alexander						CERTIFICATE OF DEATH
Died at <u>Middleton</u> Town <u>Middleton</u>			County <u>Frederick</u>			MARYLAND
Date of death <u>1907</u>	Month <u>March</u>	Day <u>28</u>	Years <u>3</u>	Months <u>7</u>	Days <u>1</u>	
Sex <u>male</u>	Color or Race <u>white</u>					Birth-place <u>Frederick Co</u>
Occupation <u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband					
Father's Name <u>Lorenzo C Alexander</u>						Father's Birthplace <u>Frederick Co</u>
Mother's Maiden Name <u>Sadie L Olafson</u>						Mother's Birthplace <u>Frederick Co</u>
Name of person giving information <u>Lorenzo C Alexander</u>						How related to deceased <u>Halter</u>
CAUSES OF DEATH						
Primary	<u>meningitis</u>	<u>61</u>	How long <u>3 days</u>			
Immediate	<u>expansion</u>		How long			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	<u>E.H. Beckley</u>		
			Address	<u>Middleton</u>		
Accident or Suicide?			<u>End</u>			



Name
in
Full

Joseph Dr. Arnold.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Rocky Hill

County

Fredk

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1907

mar,

6

18

3

22

Sex

male

Color or
Race

white

Birth-
place

Rockyhill-Md.

Occupation

Non Schoolboy

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Thomas J. Arnold

Father's
Birthplace

Maryland

Mother's
Maiden Name

Margaret R. Fogle

Mother's
Birthplace

Maryland

Name of person giving
Information

Father

How related
to deceased

Father

CAUSES OF DEATH

(10)

Primary

La Grippe

How long

6 mths

Immediate

Non Contagious Enteropneum

How long

6 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

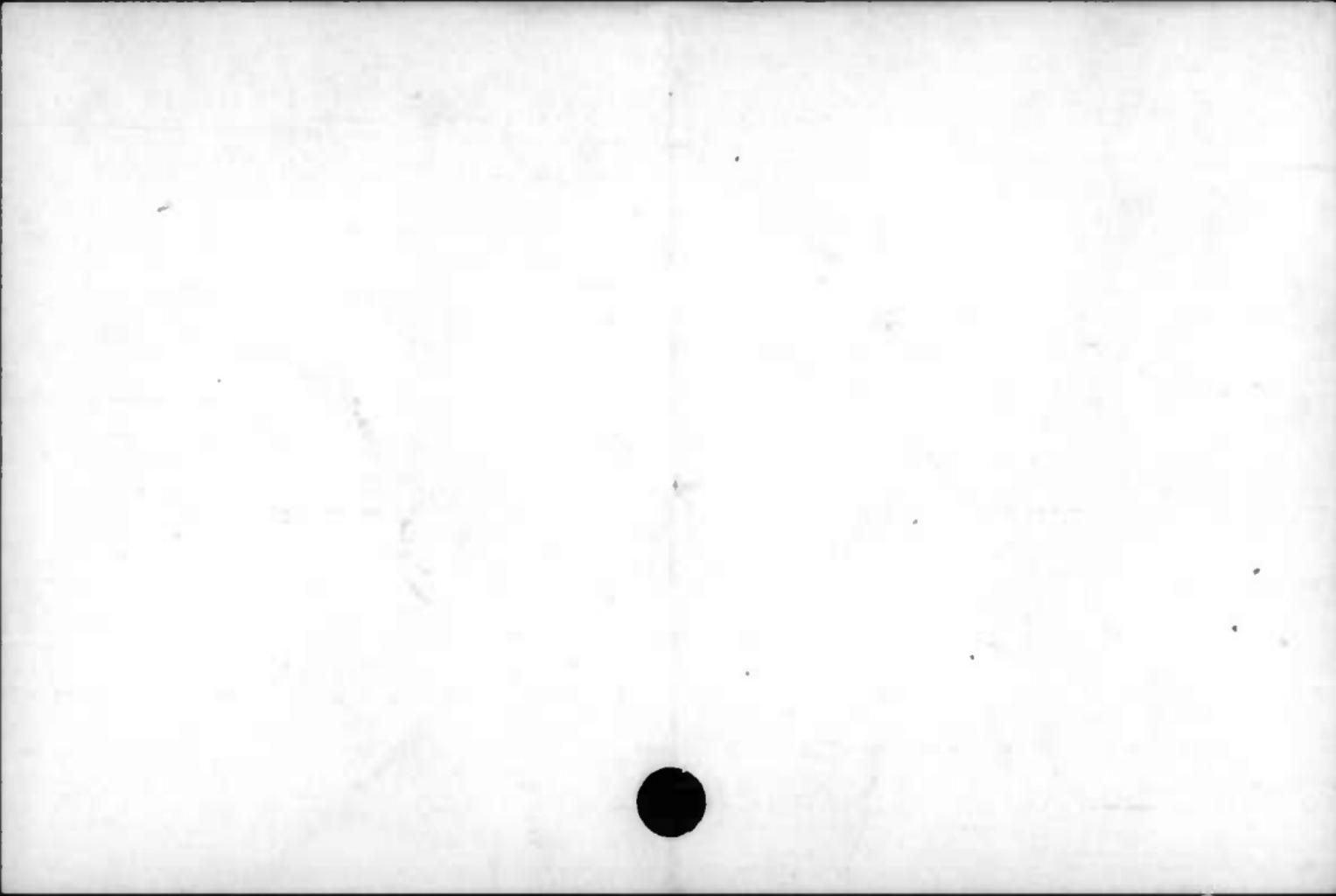
R. L. Hammond.

Address

Wardboro

Accident or Suicide?

No



Name
in
Full

Henry Barker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Frederick	Frederick				
Date of death	1907	Month 3	Day 9	Age 73	Months 9	Days 6
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Laborer					
Married, Single or Widowed	Married	Name of Wife	Lydia M. Barker (Stiles)			
Father's Name	John Barker					
Mother's Maiden Name	Sarah Musettier					
Name of person giving Information	Lydia M. Barker					

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

9 months

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

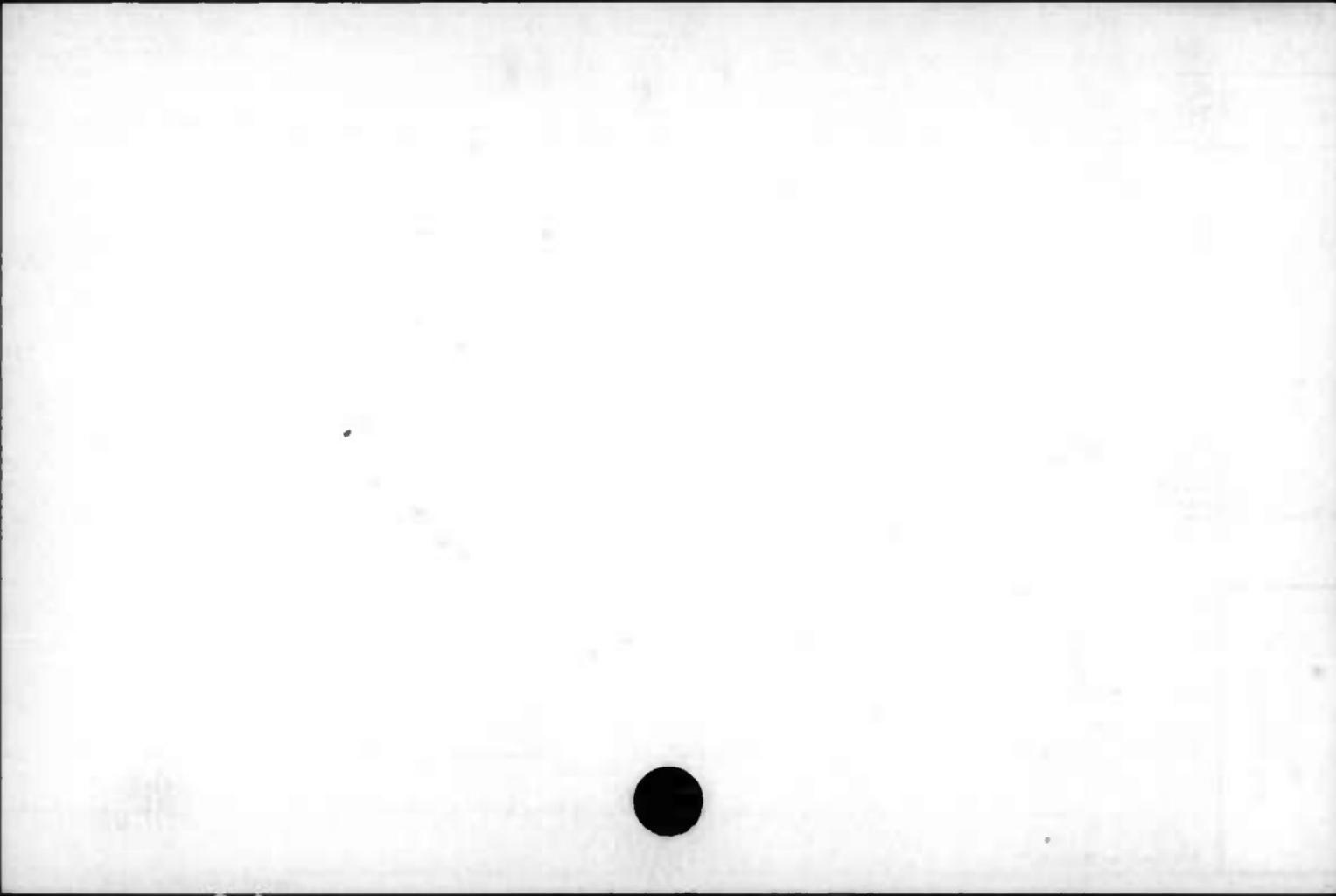
Yes

Signature of Physician

Address

J. A. Long
Citz

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Roy Thomas Beacht

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	March	29	0	7	21	
Sex	Male	Color or Race	white	Birth-place	Brunswick	
Occupation:			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Edward Thomas Beach			Father's Birthplace	Frederick Co.	
Mother's Maiden Name	Nellie Miles			Mother's Birthplace	Montgomery Co.	
Name of person giving information	E. J. Beacht			How related to deceased	Father	

CAUSES OF DEATH

Primary	Meningitis	How long	3 weeks *
Immediate	Asthma & Convulsions	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P.W.R. Preus
		Address	Brunswick Md.
Accident or Suicide?			

Barnsville
Montgomery Co

Name
In
Full

Ambrose Blaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Montgomery Hospital	Frederick	
Date of death	Month	Day	Years
1907	Mar	29	85
Sex	Male	Color or Race	Black
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown
Father's Name	Unknown		
Mother's Maiden Name	Unknown		
Name of person giving information	Hospital records		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Senile debility

How long

Years -

Immediate

Gastritis

How long

3 mo

Are the name, age, sex, color, date and place correctly given above?

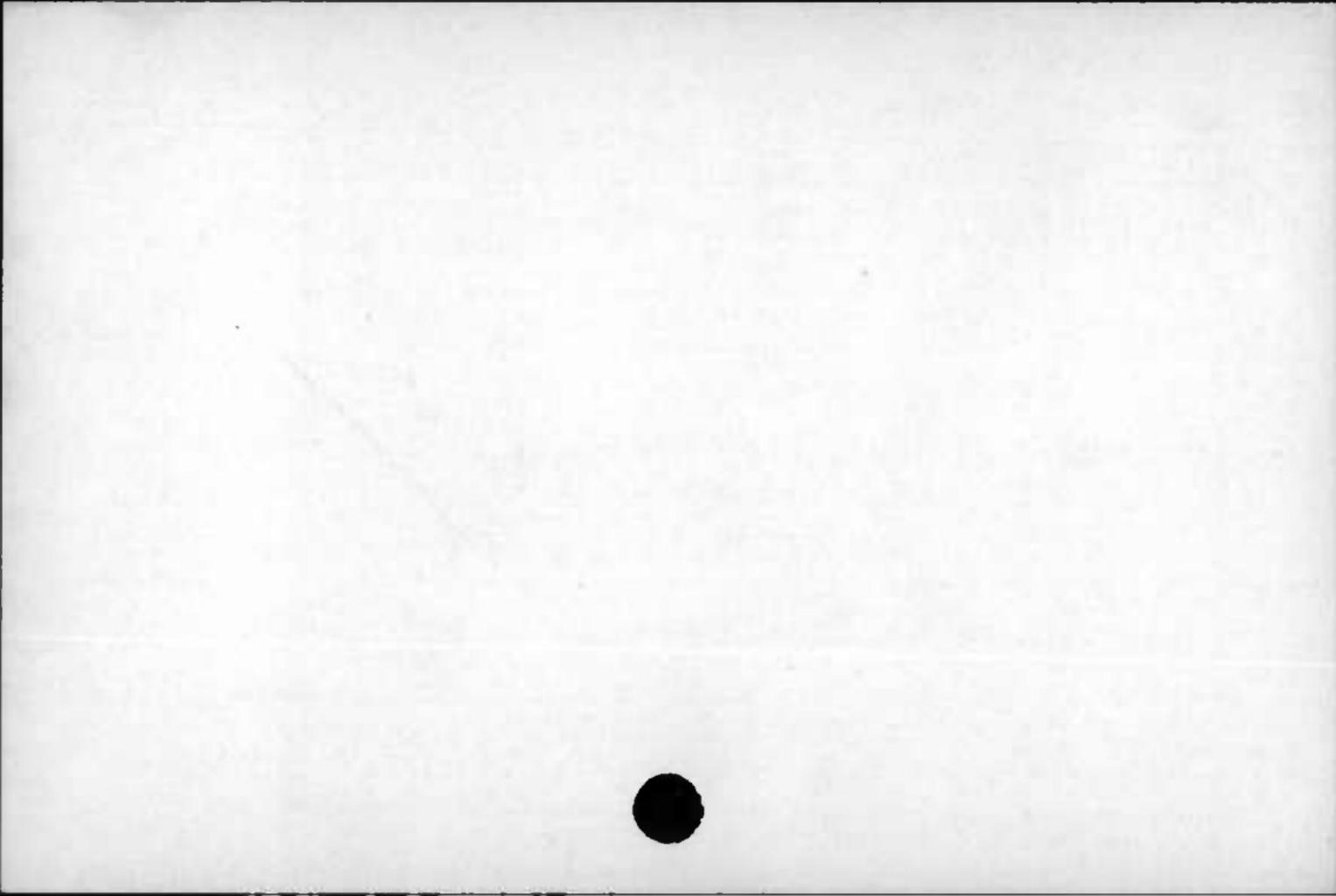
yes

Signature of Physician

Address

P. S. Deyo -
Frederick,
Md.

Accident or Suicide?



Name
in
Full

Lester B. Beard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1907	Mar	21	6 19
Sex	Male	Color or Race	White Black
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single	Arthur Beverly Beard		
Father's Name	Father's Birthplace		
Arthur Beard	Ori		
Mother's Maiden Name	Mother's Birthplace		
Lula Ingram	Ori		
Name of person giving Information	How related to deceased		
Lila Ingram	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Congestion of Brain

64

How long

24 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Lester Beard

Brunswick

Frederick Co

Accident or Suicide?



Name
in
Full

Rhoda Estelle Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month	Day	Age	Years	Months
Sex	Demale	Color or Race	White	Birth-place	Days	
Occupation	House wife		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Florence R. Bond			
Father's Name	George S. Stockman		Father's Birthplace			
Mother's Maiden Name	Alice T. Hargett		Mother's Birthplace			
Name of person giving Information	George S. Stockman		How related to deceased	Father,		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis.

How long

Immediate

Tuberculosis.

How long

Are the name, age, sex, color, date and place correctly given above?

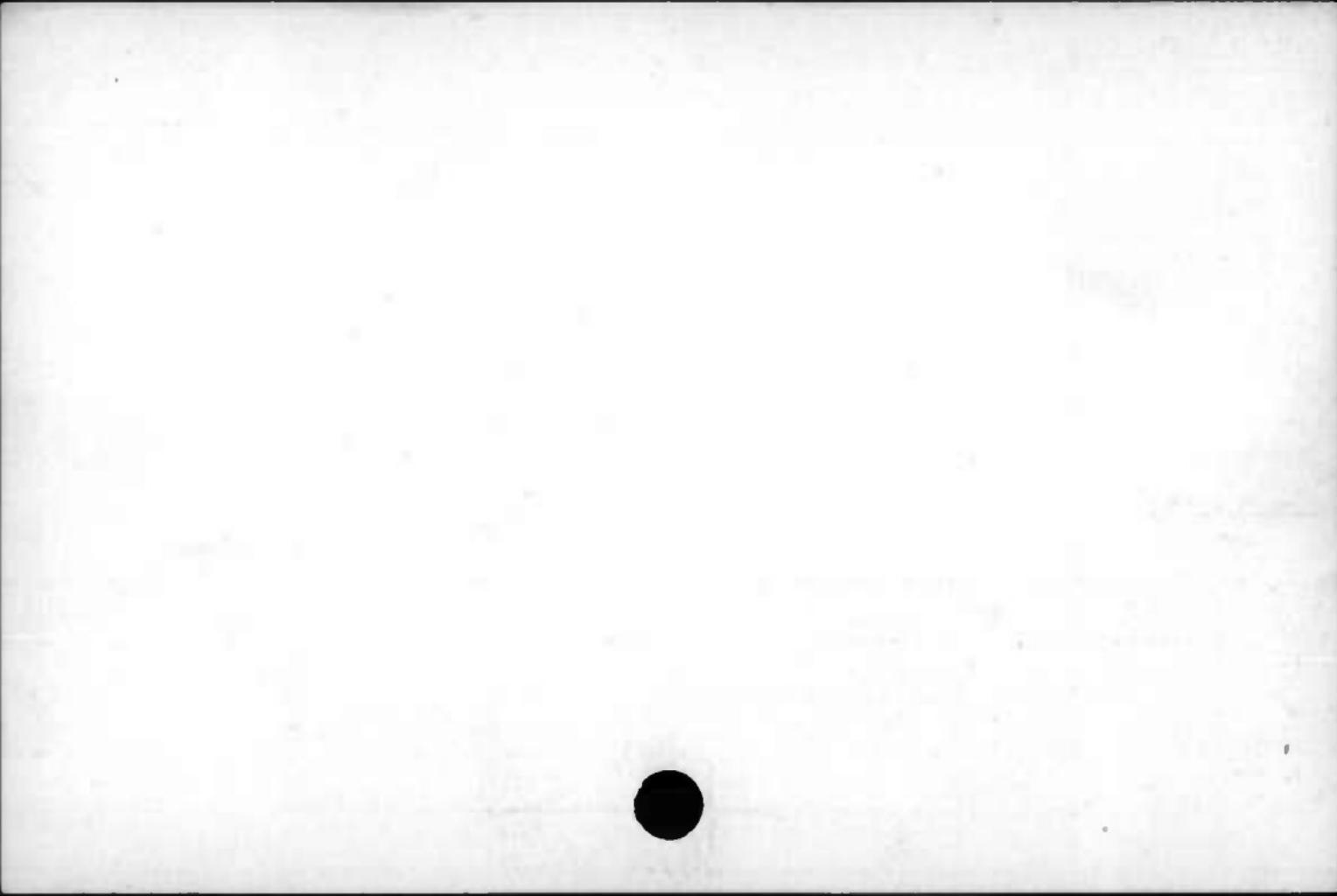
Yes.

Signature of Physician

Address

G. H. Conley,
Adamstown Md.

Accident or Suicide?



Name
in
Full

Recorded
TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1907	Month Mar	Day 19	Years 85	Months 1	Days 26
Sex Male	Color or Race White	Birth place Md			
Occupation Miller	Where Residing if not at place of death Same				
Married, Single or Widowed Married	Name of Wife or Husband Mollie Easterday	Father's Birthplace England			
Father's Name George Broadway	Mother's Maiden Name Margaret Burkhardt	Mother's Birthplace Md			
Name of person giving information Mrs. Broadway	How related to deceased Widow				

CAUSES OF DEATH

179

How long

PHYSICIAN
OR CORONER

Primary

Immediate

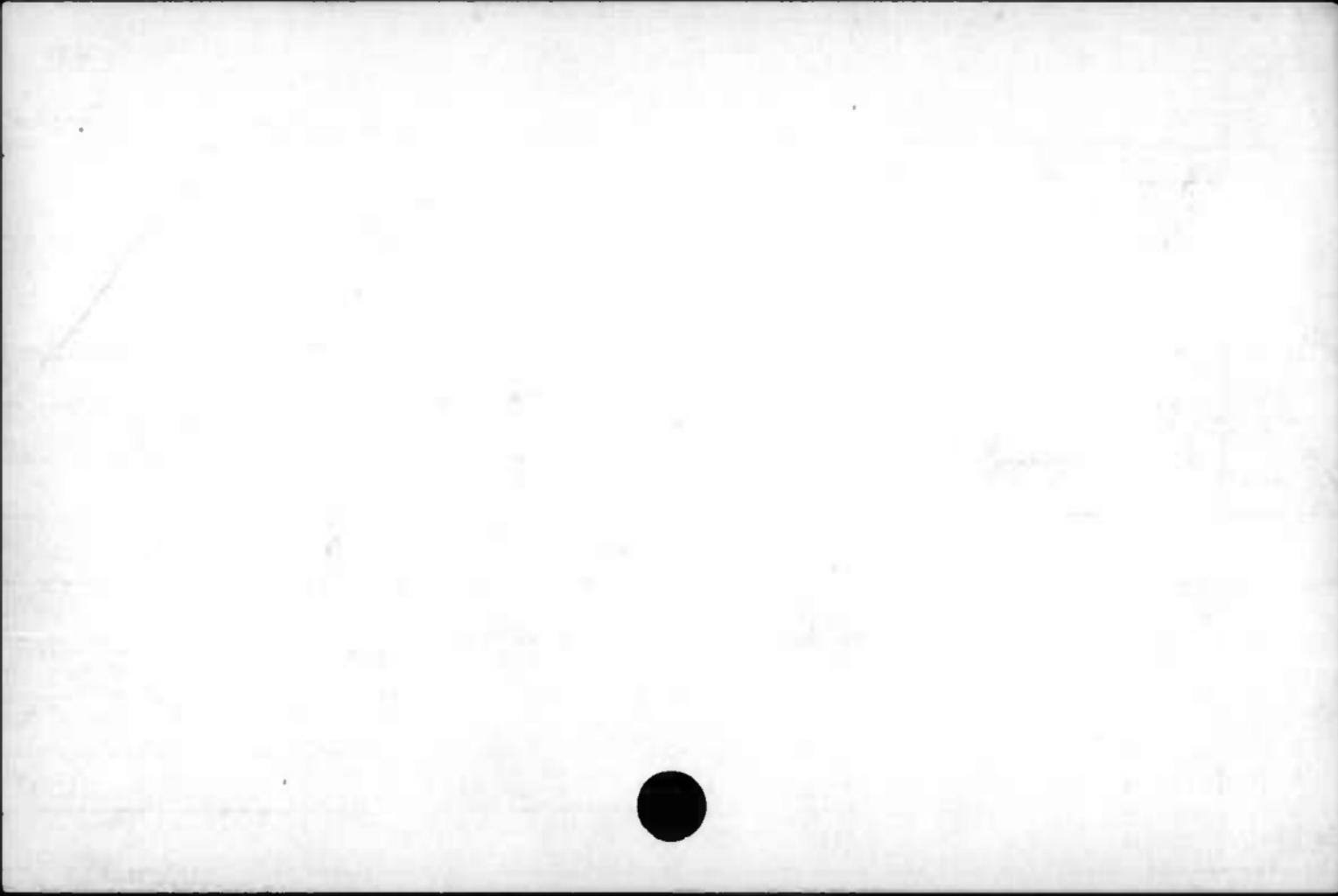
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide? ✓



Name
in
Full

Elizabeth Carson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Dams Creek	Frederick		
Date of death	Month	Day	Years	Months Days
of death 1907	March	17	Age 83	3 7
Sex	Color or Race		Birth-place	
Female	N		Ind	
Occupation	Where Residing if not at place of death			
Housewife	Dams Creek			
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband	George Carson		
Father's Name	Jacopo Frantz			
Mother's Maiden Name	Unknown ✓			
Name of person giving information	Elvannah Englon			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infernoy of old age sick about

Immediate

No doctor in attendance

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

179

How long

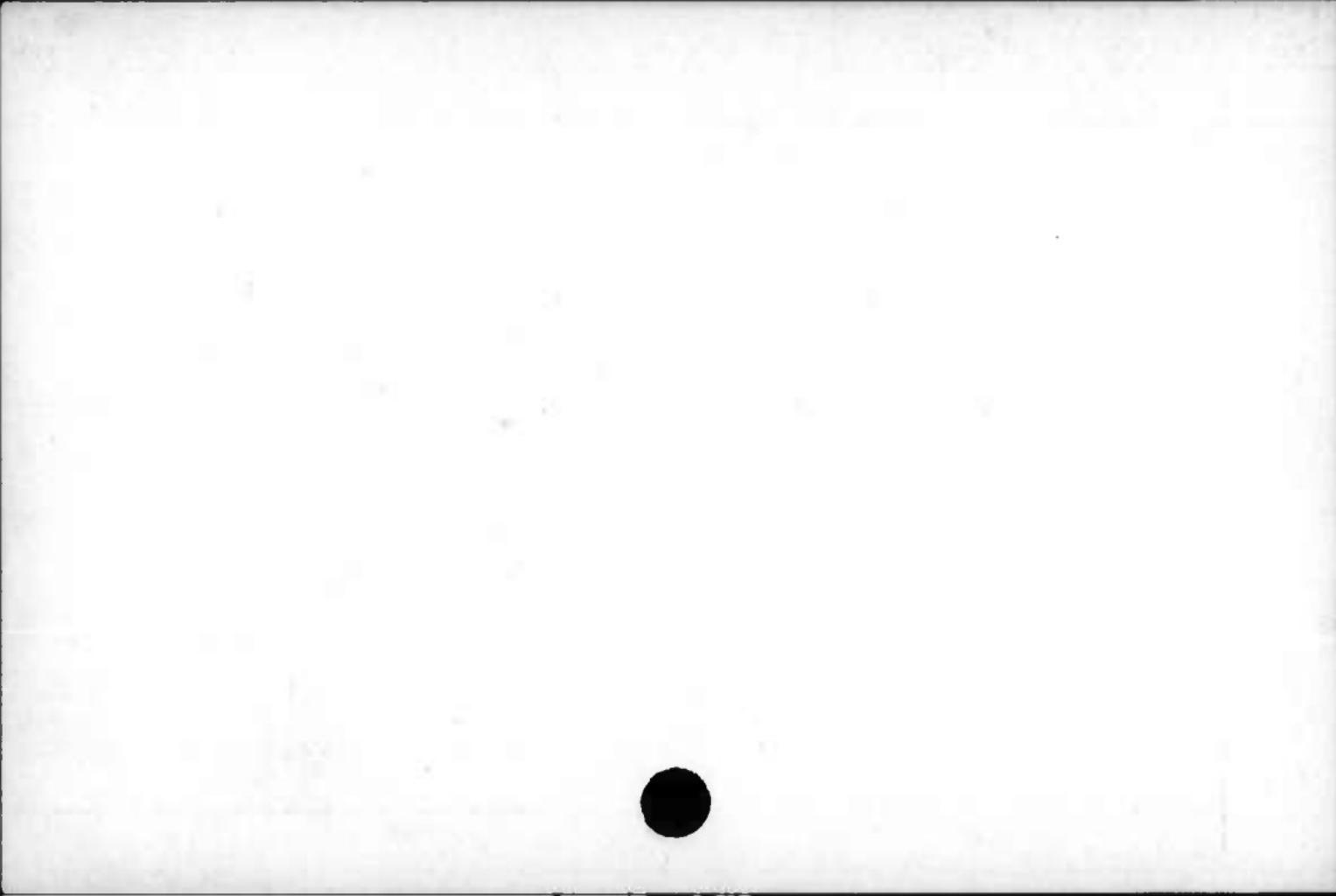
3

hours

How long

Accident or Suicide?

H Bankard Undertaker
New Windsor
Ind



Name
in
Full

Henry Larider

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at <u>Fredrick City Hospital</u>	<u>Fredrick Co</u>				
Date of death <u>1907</u>	Month <u>March</u>	Day <u>18</u>	Years <u>About 70</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Auburn</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Lantz Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Auburn</u>				
Father's Name <u>Auburn</u>	Father's Birthplace <u>Auburn</u>				
Mother's Maiden Name <u>Auburn</u>	Mother's Birthplace <u>Auburn</u>				
Name of person giving information	How related to deceased				

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	<u>Old Age</u>
Immediate	<u>Heart Failure</u>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	



Ethmin

Santy

Name
in
Full

Mrs. Ellen Cunn

CERTIFICATE OF DEATH

RECORDED
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Halkersville	Frederick		10	1
Date of death	Month	Day	Years	Months Days
1907	3	15	67	1 22
Sex	female	Color or Race	white	Birth-place
Occupation	housewife	near Libertytown		
Married, Single or Widowed	Where Residing if not at place of death			
Father's Name	Frederick Co Md.			
Mother's Maiden Name	Frederick Co Md.			
Name of person giving information	How related to deceased			
Charles Cunn.				

CAUSES OF DEATH

79

How long

1 year

How long

PHYSICIAN
OR CORONER

Primary

mitral disease of heart

Immediate

Dropsey

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. McAdams
Halkersville
Md.

Accident or Suicide?



Name
in
Full

Flozie May Strange Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Indicates	Indicates		1	19	
Date of death	Month	Day	Years	Months	Days
1907	3	17	21		
Sex	Color or Race	Birthplace			
Female	White	Frederick Md.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single	—				
Father's Name	Lewis Lewis	Father's Birthplace	Frederick Md.		
Mother's Maiden Name	Mary E Taylor	Mother's Birthplace	Montgomery Co Md		
Name of person giving Information	Lewis Lewis	How related to deceased	Father		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

6 mos.

Immediate

Cardiac Paroxysm

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Frank H. Hedges
Frederick,
Md.

Accident or Suicide?

Mrs. Emily —

Mar 20th 1907

L. L. Baugh —

Name
in
Full

Mary E. Crum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Lewis E. Crum				
Father's Name	W.B. Taylor					Father's Birthplace
Mother's Maiden Name	Annie E. Anderson					Mother's Birthplace
Name of person giving information	Lewis E. Crum					How related to deceased

CAUSES OF DEATH

50

Primary	Diabetes Melitus		How long	9 mo.
Immediate	Acute Bronchitis		How long	20 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Frank H. Hedges
			Address	Frederick
Accident or Suicide?		✓		

66 Party

3/31/87.

Mt. Olivet.

Name
in
Full

CERTIFICATE OF DEATH

Recorded
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month Nov	Day 16	Age 61	Years	Months
Sex male	Color or Race white	Birth- place Md.			
Married, Single or Widowed Married	Occupation merchant				
Name of Wife or Husband Frannie A. Lashmunt					
Father's Name Elias A. Lashmunt	Father's Birthplace Md.				
Mother's Maiden Name Unknown	Mother's Birthplace Unknown				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

79

How long

How long

PHYSICIAN
OR CORONER

Primary

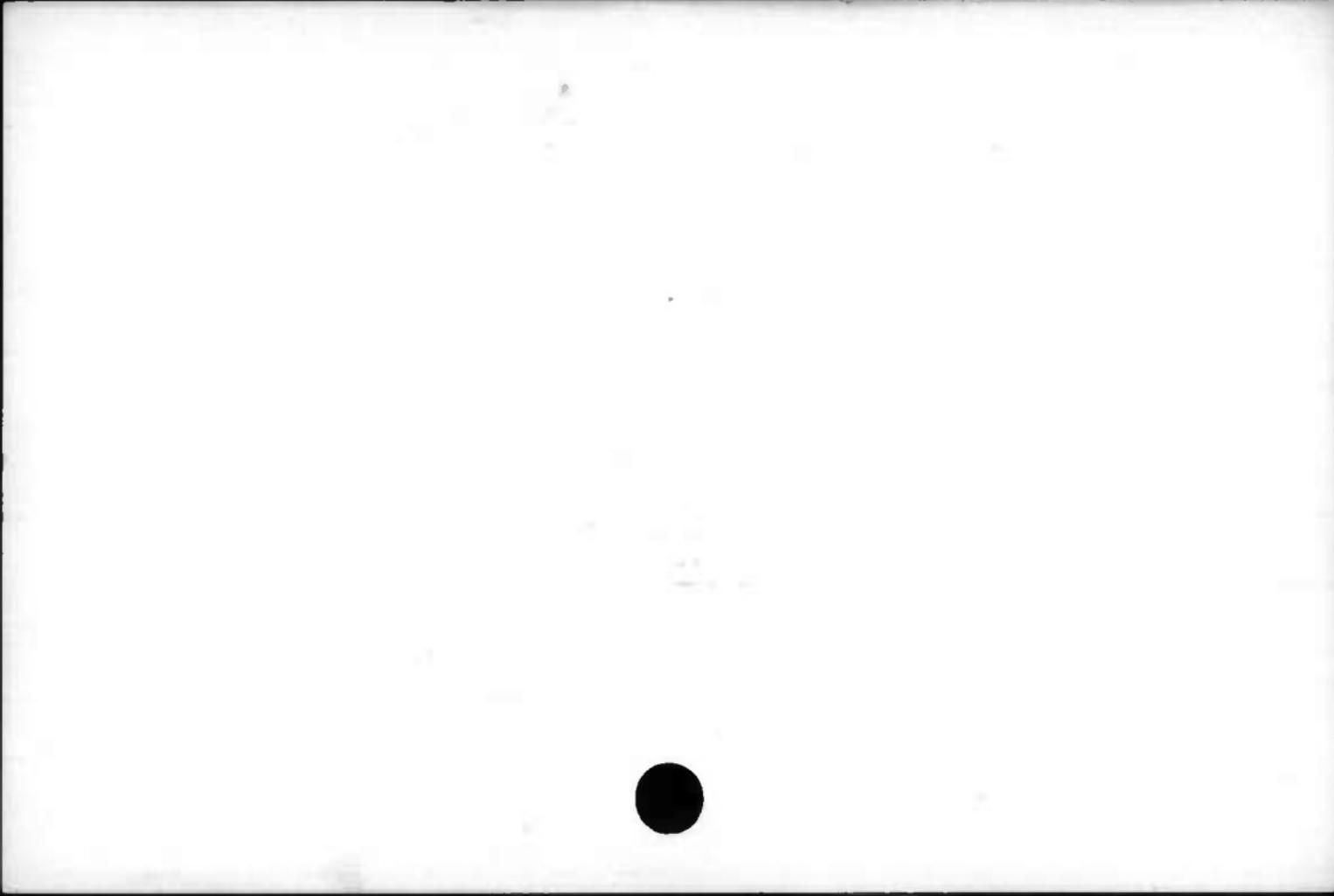
Aortic Insufficiency suddenly

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

T Clyde Roulson
BackaytownAccident or Suicide?



Name
in
Full

Jacob E. Dinteman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Pearl	Frederick		Months	Days
Date of death	Month	Year		
1907	3	14	Age	74
Sex	Color or Race	Birth-place		
Male	White	Md		
Occupation	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Farmer				
Married, Single or Widowed	Name of Wife - Husband	Susan Dinteman		
Single	Susan			
Father's Name	X Washington			
Mother's Maiden Name	X unknown			
Name of person giving Information	Susan Dinteman			

CAUSES OF DEATH

154

How long

24 hr
5 days

PHYSICIAN
OR CORONER

Primary

Senile debility

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Watson

City

Accident or Suicide?

McKaig

Name
in
Full

Lewis Philip Dixon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Frederick	Frederick		
Date of death	Month	Day	Years Months Days
1907	March	24	53 5 23
Sex	Color or Race	Birth-place	
Male	white	MD	
Occupation	Where Residing if not at place of death		
Laborer	Same		
Married, Single or Widowed	Name of Wife or Husband		
Married	Minnie Perry		
Father's Name		Father's Birthplace	Virginia
William J. Dixon			
Mother's Maiden Name		Mother's Birthplace	Virginia
Elizabeth Filler			
Name of person giving Information		How related to deceased	Widow
Mrs. Dixon			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	acute nephritis	
Immediate	hemia	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address
		We can't be sure Frederick MD
Accident or Suicide?	No	

Interment at Mt Olivet

" Near 26 - '7

Thomas P Rice

Name
in
Full

Henry L Doris Fields

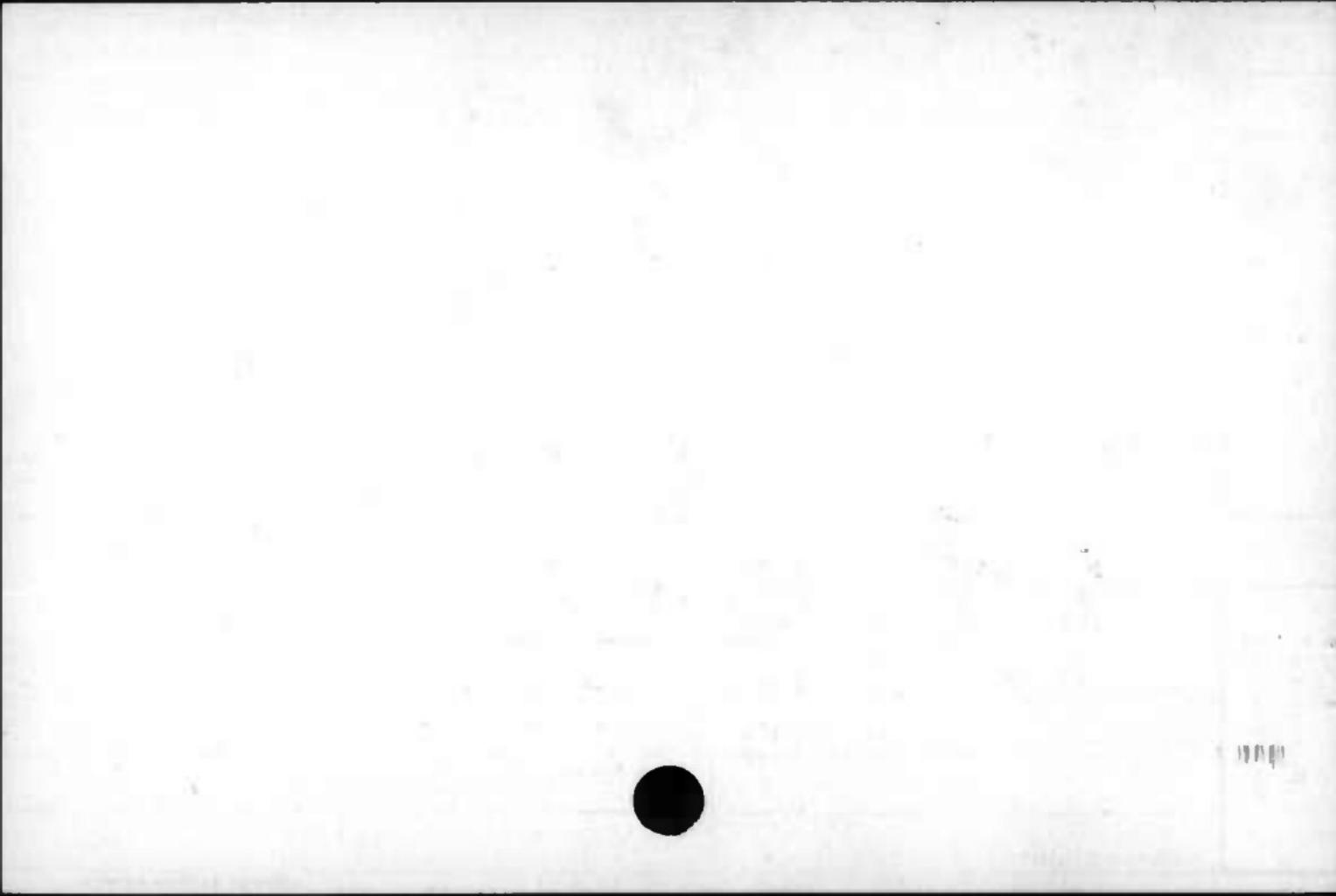
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Frederick	Frederick	
Date of death 1907	Month - 3	Day 8	Years 8
Sex male	Color or Race Colored	Birth-place Md	Days
Occupation Boy	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name Rev. F. N. Fields		Father's Birthplace	R. Judis
Mother's Maiden Name Florence Doris		Mother's Birthplace	Ind
Name of person giving information	Constance Doris	How related to deceased	S. Mother

CAUSES OF DEATH

Primary Pertussis	(8)	How long 8 weeks
Immediate Bronchopneumonia		How long 3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address
Accident or Suicide?		



Name
in
Full

Maria Fisher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Hugh Fisher			
Father's Name	George Miller				Father's Birthplace
Mother's Maiden Name	Louisa Bryan				Mother's Birthplace
Name of person giving information	James Fisher				How related to deceased

CAUSES OF DEATH

79

How long

How long

PHYSICIAN
OR CORONER

Primary

Organic Heart Disease Years

Immediate

Acute Indigestion - Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

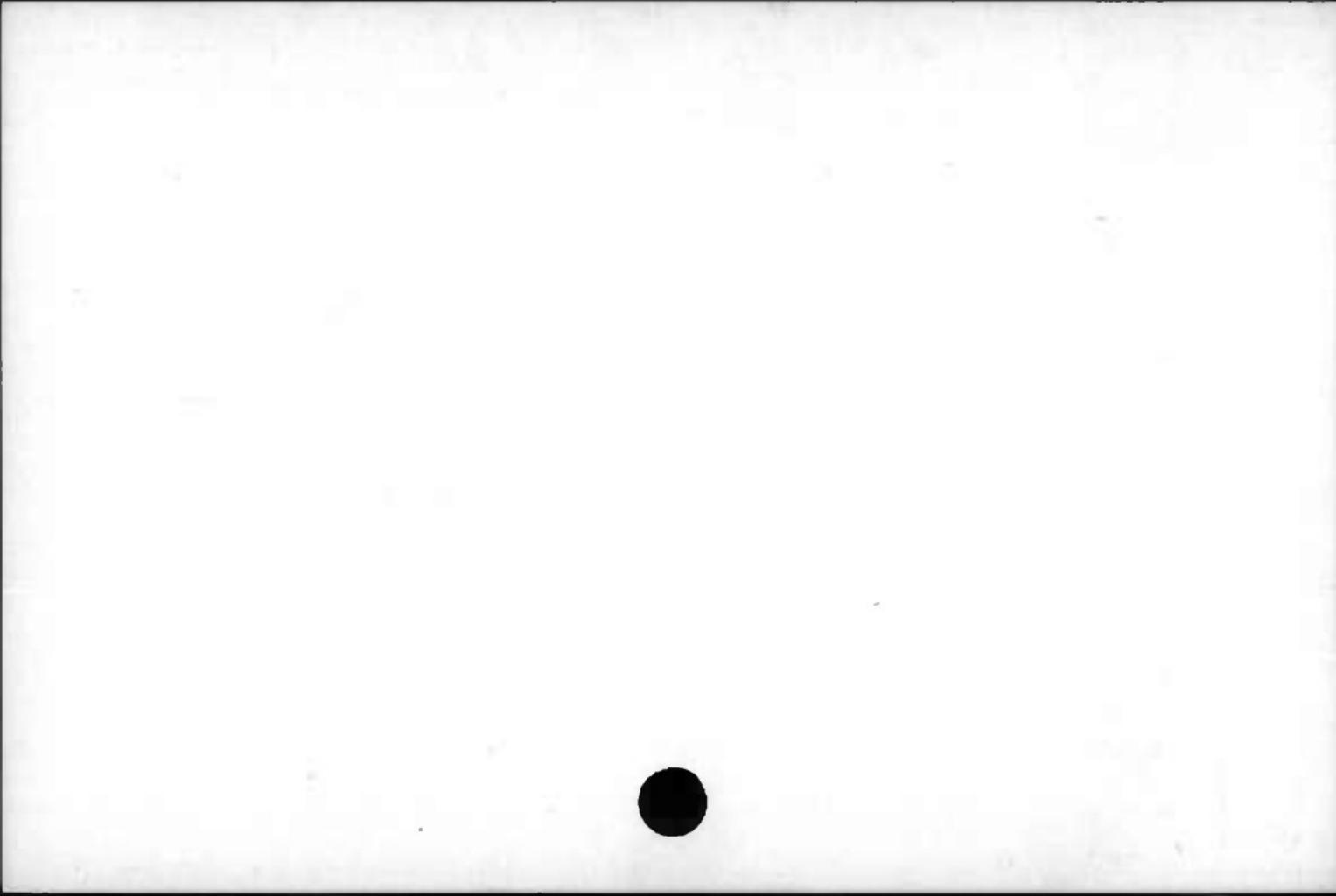
Signature of Physician

Address

J. DeNendix, M.D.
Frederick, Md.

Accident or Suicide?

No.



Name
in
Full

Isabella Fuss.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	62 -	3 22
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	John Fuss.		
Father's Name	John Fuss.			
Mother's Maiden Name	Ella Rude			
Name of person giving information	John Fuss.			

CAUSES OF DEATH

(10)

PHYSICIAN
OR CORONER

Primary	La Grippe & Gastroenteritis		How long
Immediate	Paralysis		2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
		Address	1 month
Accident or Suicide?		Morri a Bely Otherwise Yes	

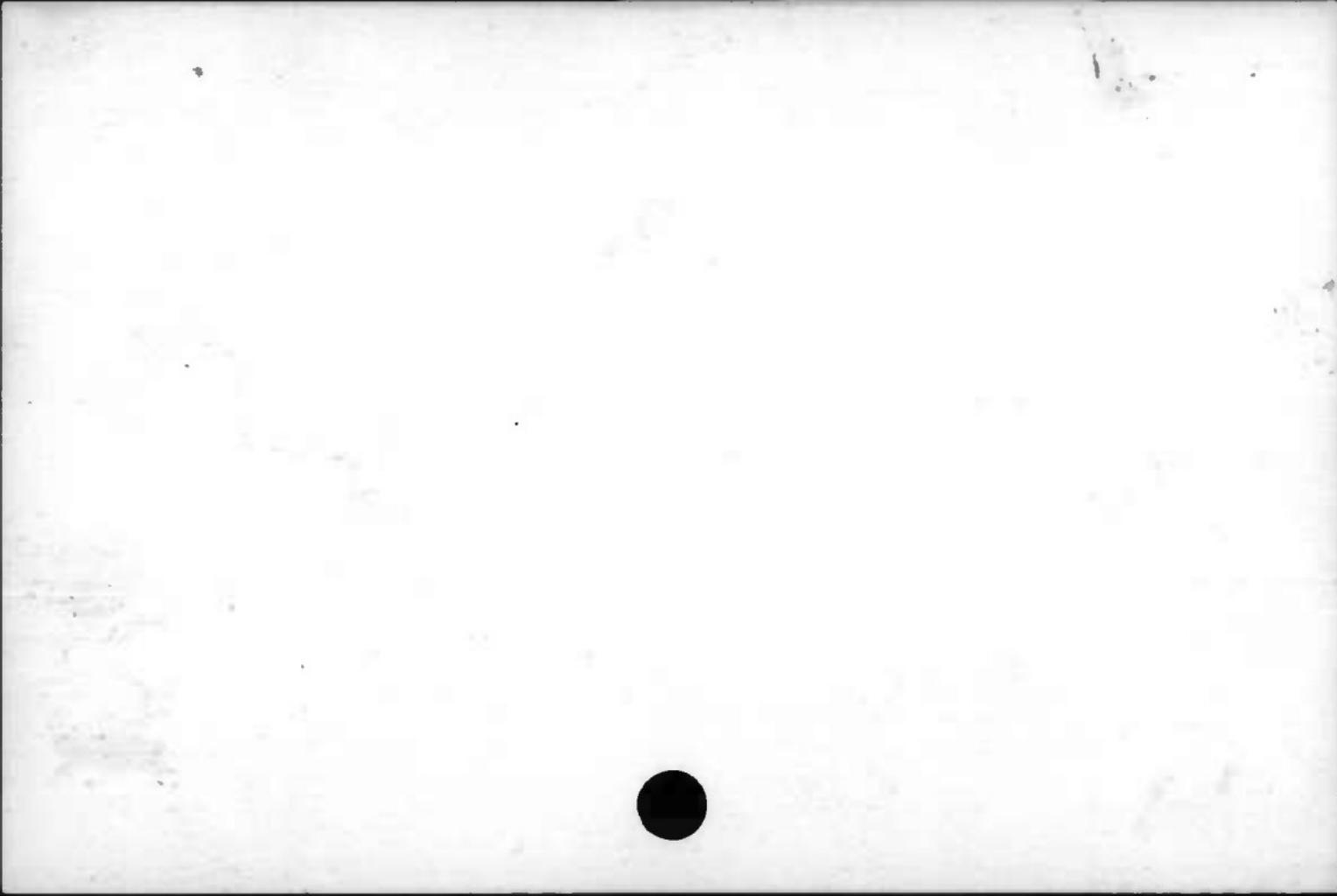


Name
in
Full

Recorded 3 m.m.
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph J. Gelwickes						CERTIFICATE OF DEATH	
Died at Emmitsburg			Frederick County			MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
1907	March	23	64	64	—	6	
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Merchant			Where Residing if not at place of death	Emmitsburg, Md		
Married, Single or Widowed	Widowed			Name of Wife or Husband	Marytha J. Gelwickes		
Father's Name	Jacob S. Gelwickes			Father's Birthplace	Md		
Mother's Maiden Name	Mary J. Rosensteel			Mother's Birthplace	"		
Name of person giving information	Isaac J. Gelwickes			How related to deceased	Son		
CAUSES OF DEATH						120	
Primary	Chronic Paranehymal Hepatitis			How long	Year		
Immediate	Exhaustion			How long			
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	H. D. Estey		
				Address	Emmitsburg, Md.		
Accident or Suicide?							



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

James Gibbs
Died at Town County
Montgomery Hospital Frederick

CERTIFICATE OF DEATH

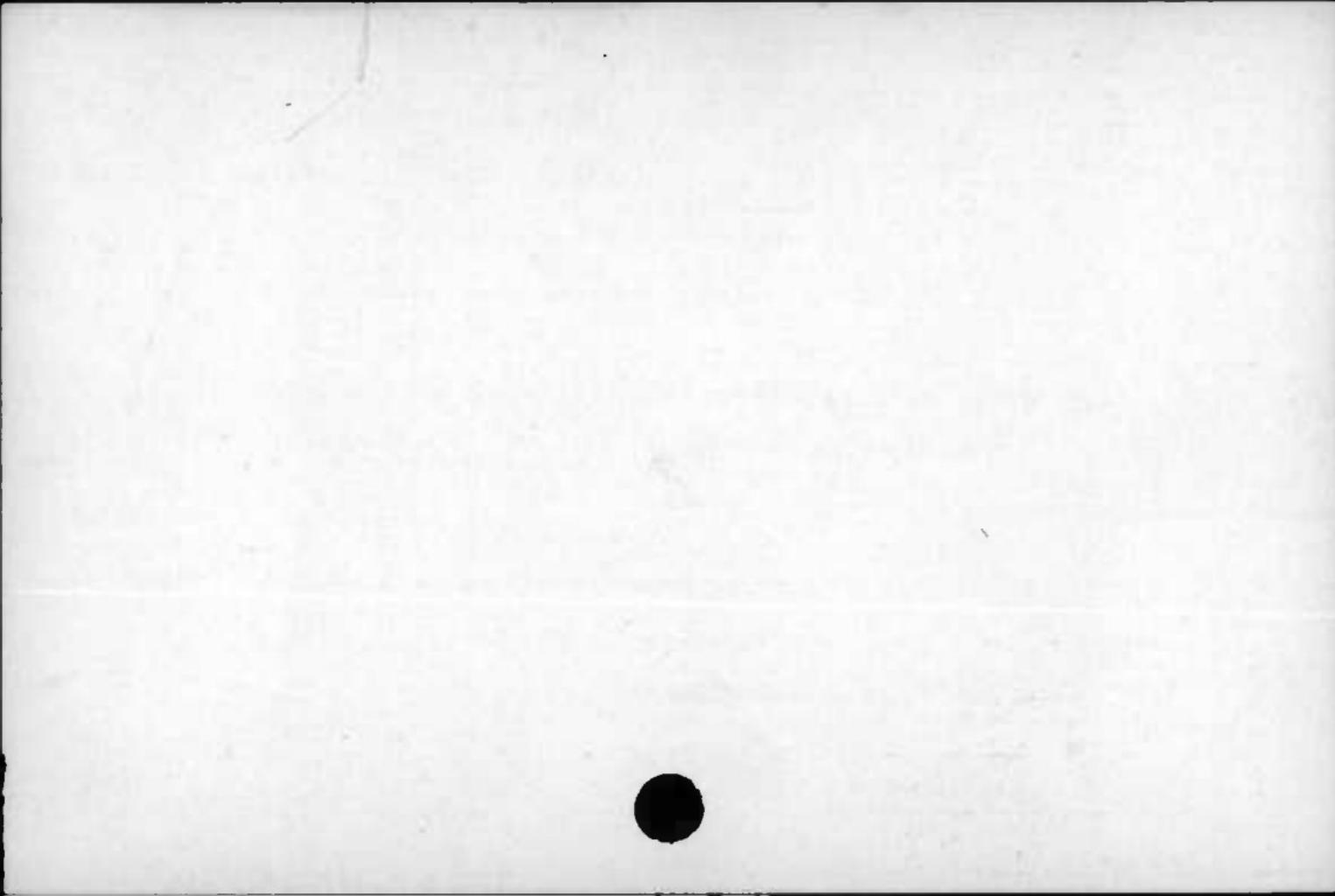
MARYLAND

Date of death	Month	Day	Years	Months	Days
1907	Mar	28	Age 40		
Sex	Male	Color or Race	Black	Birth-place	Unknown
Occupation	Insane Insmate				
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown	Where Residing if not at place of death	
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	Hospital Record				

CAUSES OF DEATH

(19)

Primary	Chronic myocarditis	How long	2 years.
Immediate	Cardiac decompensation	How long	3 years.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. H. Lyons
		Address	Bethesda, Md
Accident or Suicide?		✓	



Name
in
Full

Harmean Gray

CERTIFICATE OF DEATH

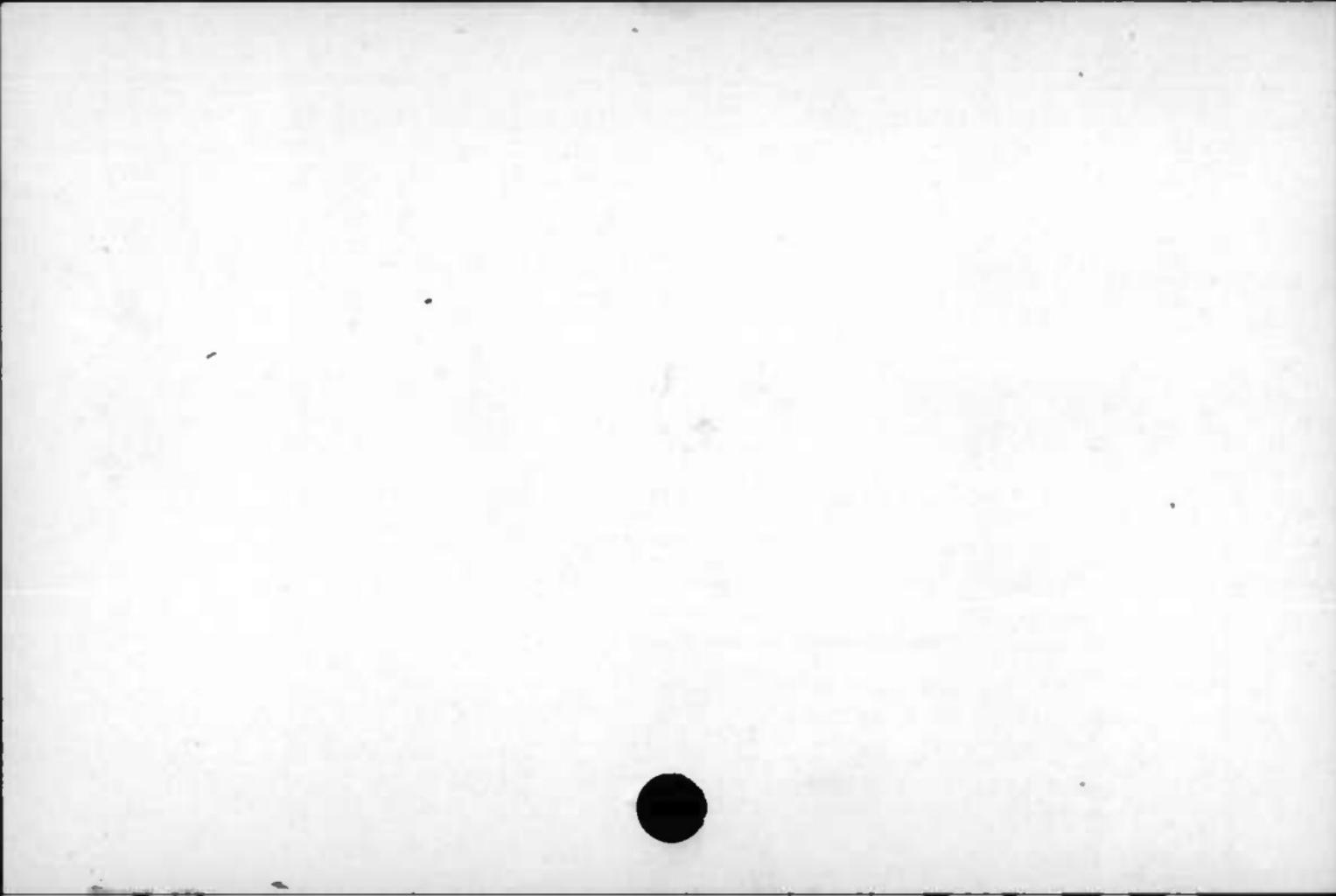
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	62	11	13
Occupation	Where Residing if not at place of death					*
Married, Single or Widowed	Widowed		Name of Wife or Husband	Mary Gray		
Father's Name	Absolum Gray					Father's Birthplace Virginia
Mother's Maiden Name	Frances Clipp					Mother's Birthplace Virginia
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ca Greffe	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Accident or Suicide?	✓	
Signature of Physician		Address
H. S. Hodge Baltimore Md		



Name
in
Full

Shaggy D Harry

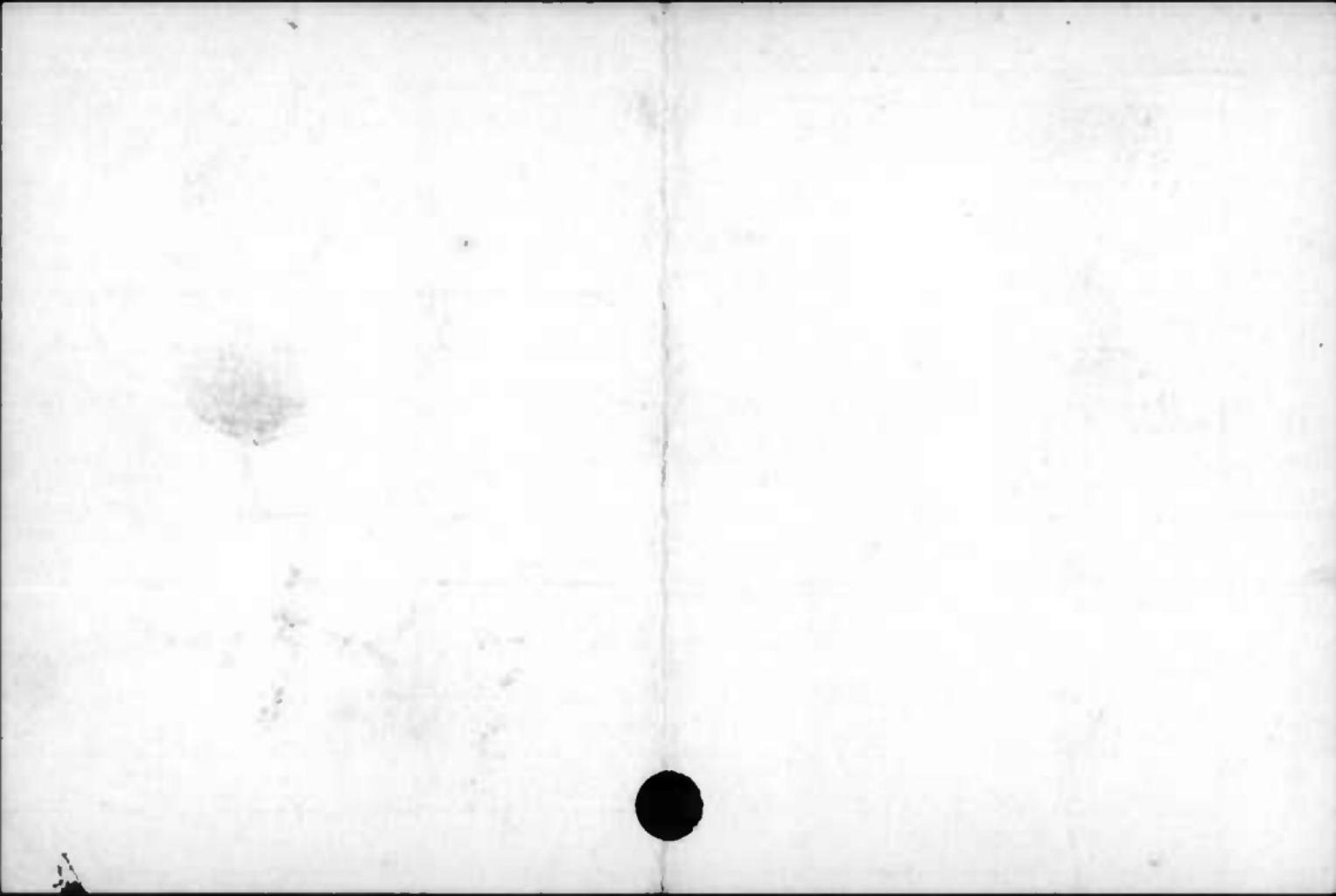
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Female	Color or Race	White		Birth-place	Jordan County
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace		
Single	William J Harry		William J Harry	Carroll County		
Mother's Maiden Name	Shary Boag		Mother's Name	Mother's Birthplace		
Name of person giving Information	William J Harry		William J Harry	How related to deceased		
Tennessee Father						

CAUSES OF DEATH

Primary	old age	179	How long	
Immediate	General Debility		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		L & L Living unbroken Montgomery and		



Name
in
Full

Catherine Hartman.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died near Feagaville		Town	County		MARYLAND	
Date of death	1907	Month 3	Day 17	Years 58	Months	Days
Sex	Female	Color or Race	White		Birth-place	Geo Md
Occupation	House Wife		Where Residing if not at place of death		Cumberland Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Hartman		Father's Birthplace	Germany
Father's Name	Jacob Mergenthaler				Mother's Birthplace	"
Mother's Maiden Name	Margaret Elce				How related to deceased	Husband
Name of person giving information	Mrs Hartman					

CAUSES OF DEATH

Primary	Angina Pectoris,	80	How long
			1 hour.
Immediate	Angina Pectoris.		How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address
Accident or Suicide?		W.H. Leiberman MD 393 S. Market St Baltimore Md.	

Mrs Miller

Interment Mar - 20 -
" at St John's.

Name
in
Full

Sophia J. Fr. Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation			Where Residing if not at place of death
Married, Single or Widowed	Name of Wife or Husband		
Father's Name			Father's Birthplace
Mother's Maiden Name	Minnie Murphy		Mother's Birthplace
Name of person giving Information	11-61	11-11	How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart attack

(S)

How long

X

Immediate

Heart attack

(S)

How long

X

Are the name, age, sex, color, date and place correctly given above?

Yes

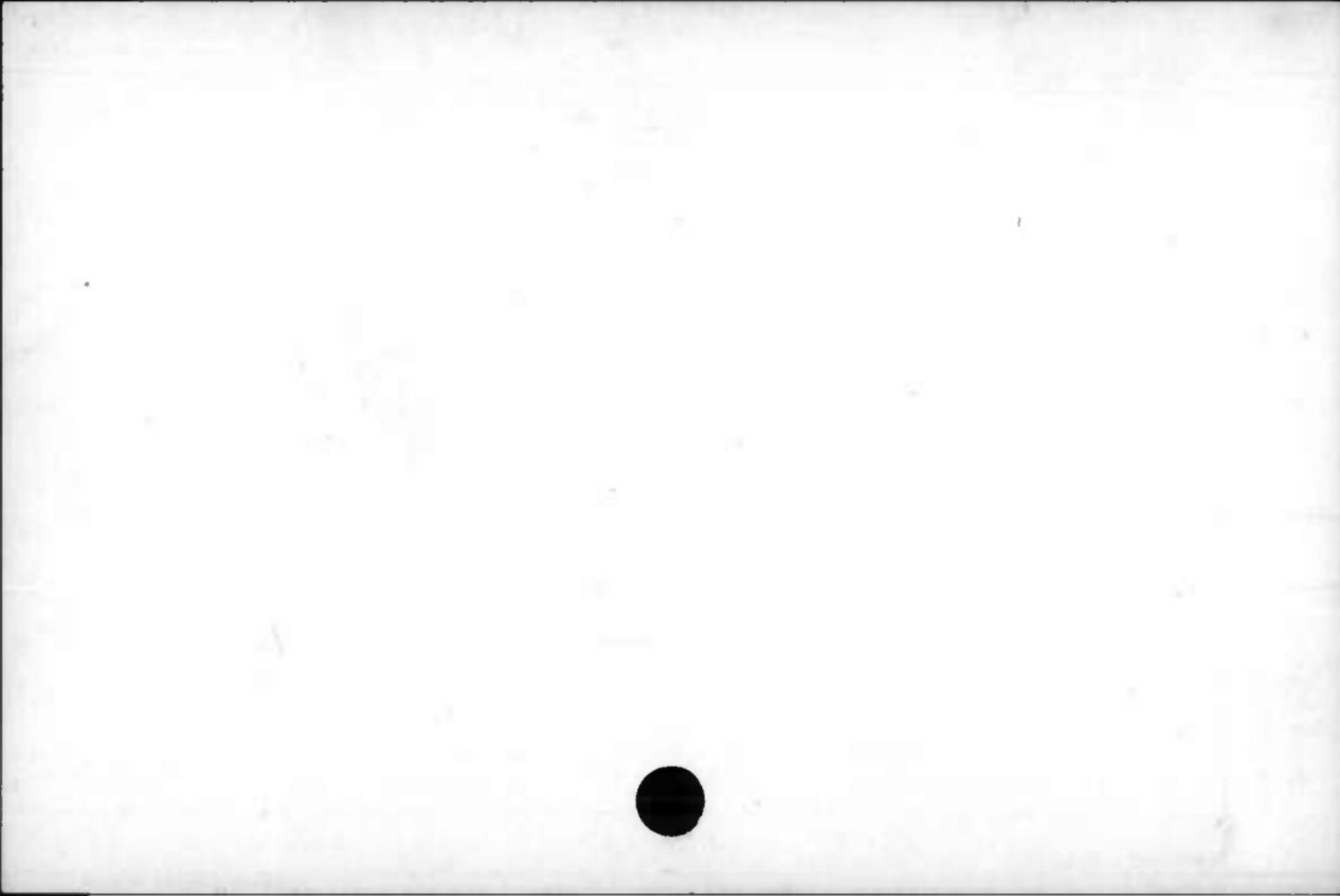
Signature of Physician

Address

Maloney

OATZ

Accident or Suicide?



Name
in
Full

REGD BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Bucktown</u> Town			County <u>Fred</u>			
Date of death <u>1907</u>	Month <u>May</u>	Day <u>28</u>	Age <u>76</u>	Years	Months <u>3</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birthplace <u>3rd Ward</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John Payne</u>	Father's Name <u>Jacob Hutchinson</u>				
Father's Name <u>John Payne</u>	Father's Birthplace <u>unknown</u>					
Mother's Maiden Name <u>Matilda Lantz</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Mrs. Thompson</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

Primary

Tuberculosis

(27)

How long

Year

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

g

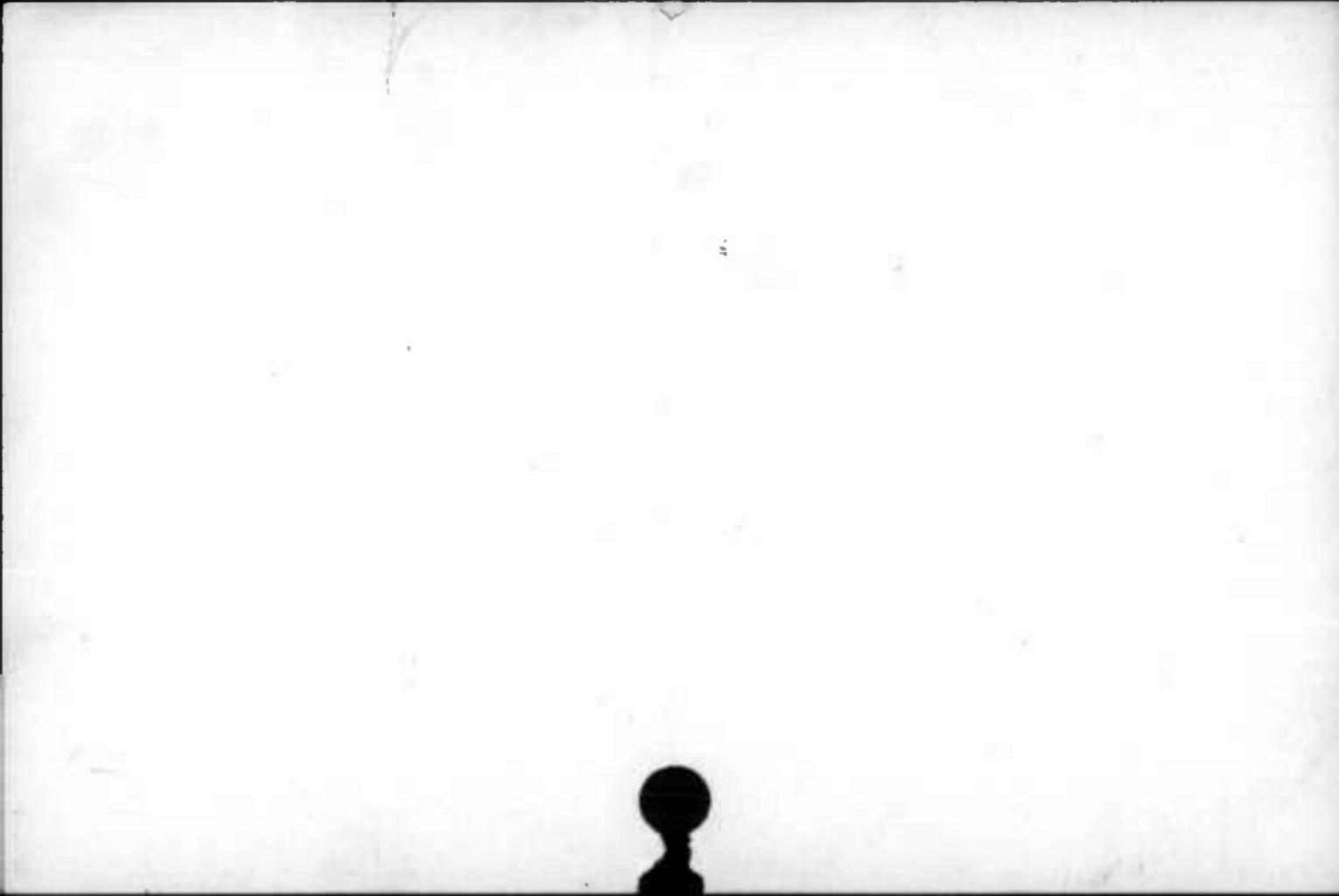
Signature of Physician

Address

Easy Jowler
Bucktown

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Shary C Hilton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Baltimore	Frederick			
Date of death	Month	Day	Years	Months	Days
1907	March	4	Age 51	9	
Sex	Female	Color or Race	White	Birth-place	
Occupation	House Wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Chelland Hilton		
Father's Name	Chathias Wholesworth			Father's Birthplace	Howard County
Mother's Maiden Name	Shary E Ryan			Mother's Birthplace	Frederick County
Name of person giving information	Chelland Hilton			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

apoplexy

(64)

How long

Sudden

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

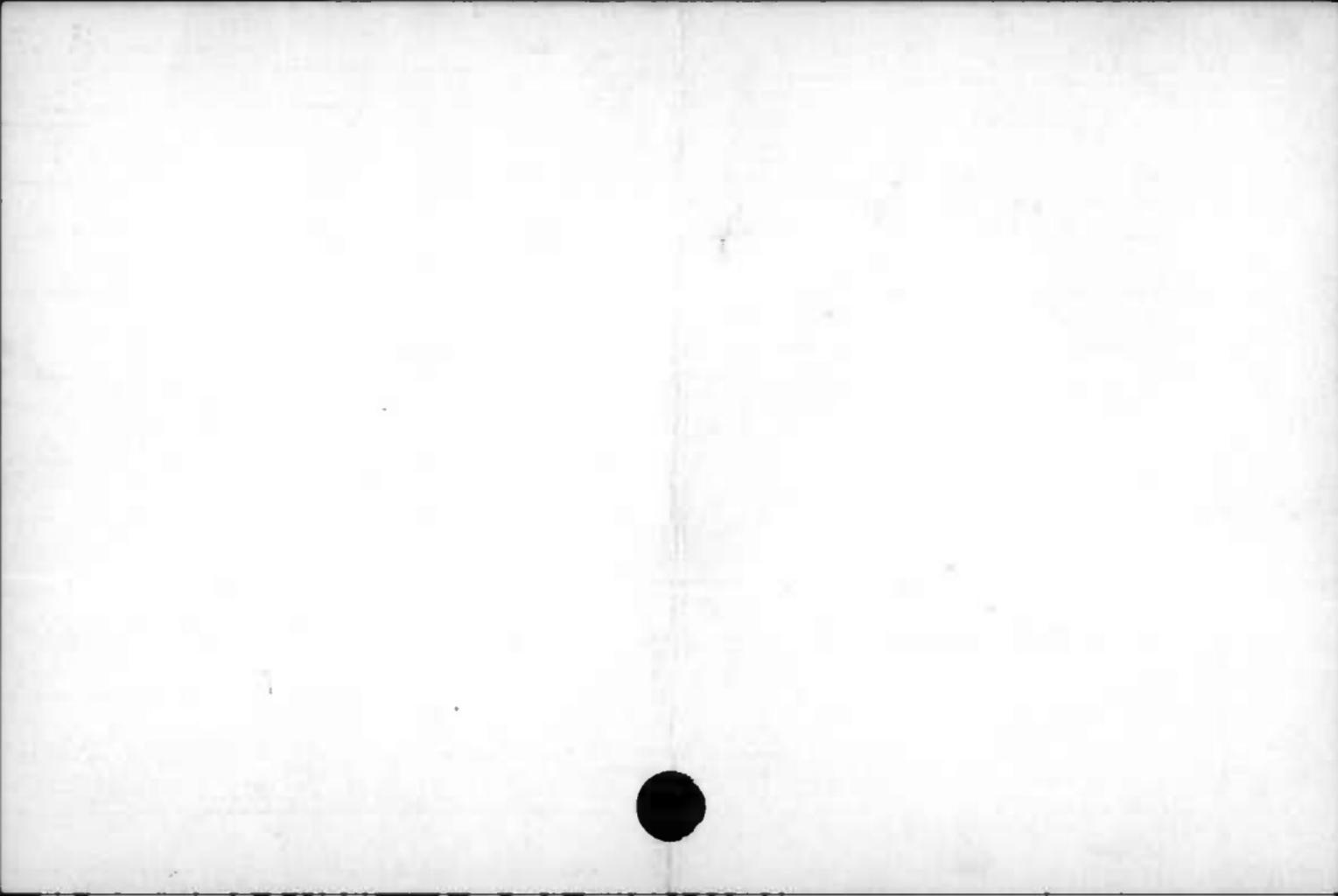
Signature of Physician

L. J. Lewis

Address

Baltimore Md
Under-taker

Accident or Suicide?



Name
in
Full

Sophia Hiteshaw Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	65	3	X	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Husband	Chas Hobbs (dead)				
Father's Name	Philip Hiteshaw					Father's Birthplace
Mother's Maiden Name	Louisa Waters					Mother's Birthplace
Name of person giving Information	Mrs Wm Miller					How related to deceased

CAUSES OF DEATH

79

How long

years

Primary

Mental Insufficiency

Immediate

Sanguine & liver trouble following anaerobic infection

How long

one month

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm Crawford Hudson

Frederick Md

Accident or Suicide?

neither

✓

McAlonut
Schroeder 13

Name
in
Full

Ruth Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Woodville	Frederick		
Date of death	Month	Day	Days
1907	March	8 th	21
Age	Years	Months	
7	6	3	
Sex	Color or Race	Birth-place	
Female	White	Woodville	
Occupation	Where Residing if not at place of death		
None			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mother's Birthplace
Single	Anna Mathews	near Woodville	Montgomery County
Father's Name	Name of person giving information		
Oliver or Hood	How related to deceased		
Mother's Maiden Name	Uncle		

CAUSES OF DEATH

Primary

Hooping Cough

(8)

How long

5 Days

Immediate

Are the name, age, sex, color, date and place correctly given above?

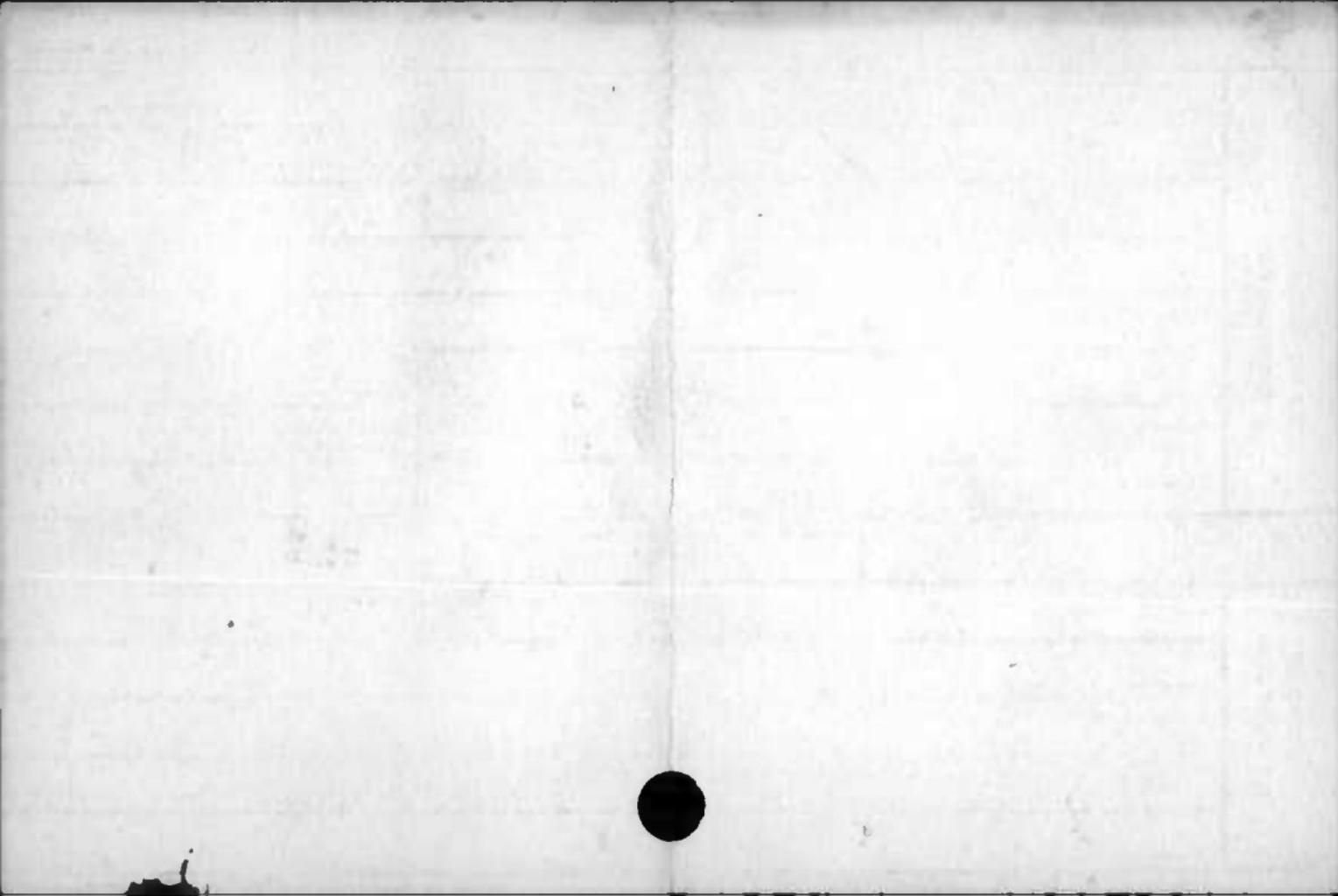
Signature of Physician

L T Lewis

Frederick, Md.

Montgomery

Accident or Suicide?



Name
in
Full

George G. Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		
near Middlebury		Frederick		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	Mar	6	50	4	6
Sex	Male	Color or Race	white	Birth- place	MD
Occupation	Carpenter				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Margaret Gross				
Mother's Maiden Name	Sarah Reifendorfer				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Phthisis

(27)

How long

six months

Immediate

Heart

How long

Are the name, age, sex, color, date
and place correctly given above?

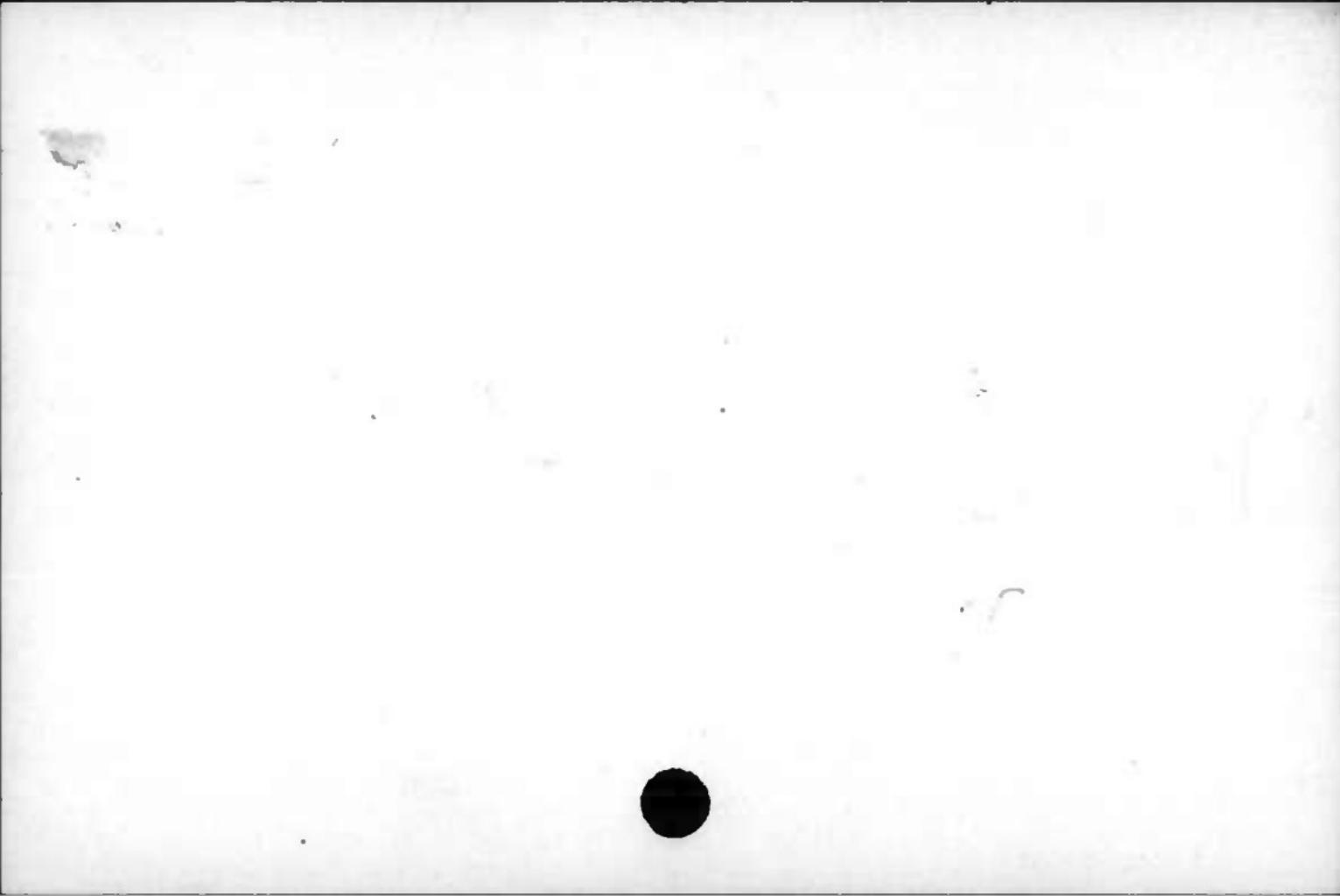
Signature of
Physician

D. E. Hoff

Address

Miner's Corner
2nd

Accident or Suicide?



Name
in
Full

Annie In. Kahlle

CERTIFICATE OF DEATH

RECORDED
TO BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
O R C O R O N E R

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband	S W Kahlle			
Father's Name	Adam &allbrun		Father's Birthplace	Frederick Co	
Mother's Maiden Name	Elega Maxwell		Mother's Birthplace	Unknown	
Name of person giving information	Mrs. Lander		How related to deceased		

CAUSES OF DEATH

Primary	Organic heart disease	
Immediate	Paroxysm (apoplectic)	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	Dr. H. C. Kahlle.	
Address	Middletown	
Accident or Suicide	No	

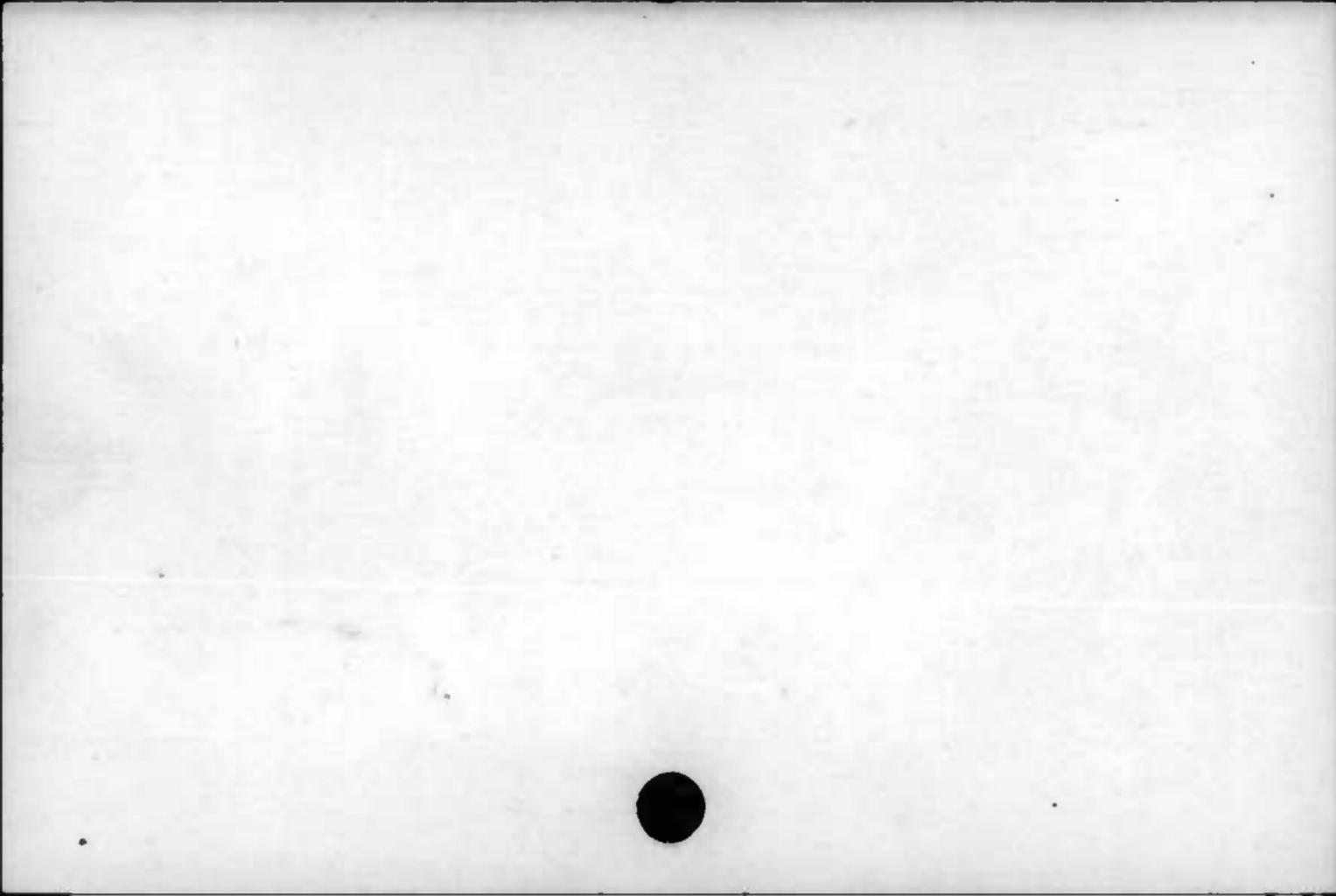
79

How long

12 m

How long

12 m



Name
in
Full

Elisabete Korrrell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Years	Months	Days		
Sex	Color or Race	Age	Birth-place	Germany		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	John Korrrell				
Father's Name	Hans Schmidt					Germany
Mother's Maiden Name	Dagit Korr					won't know
Name of person giving information	Wauke Korrrell					Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy
Asthma through several hours
of Daze

Immediate

Are the name, age, sex, color, date and place correctly given above?

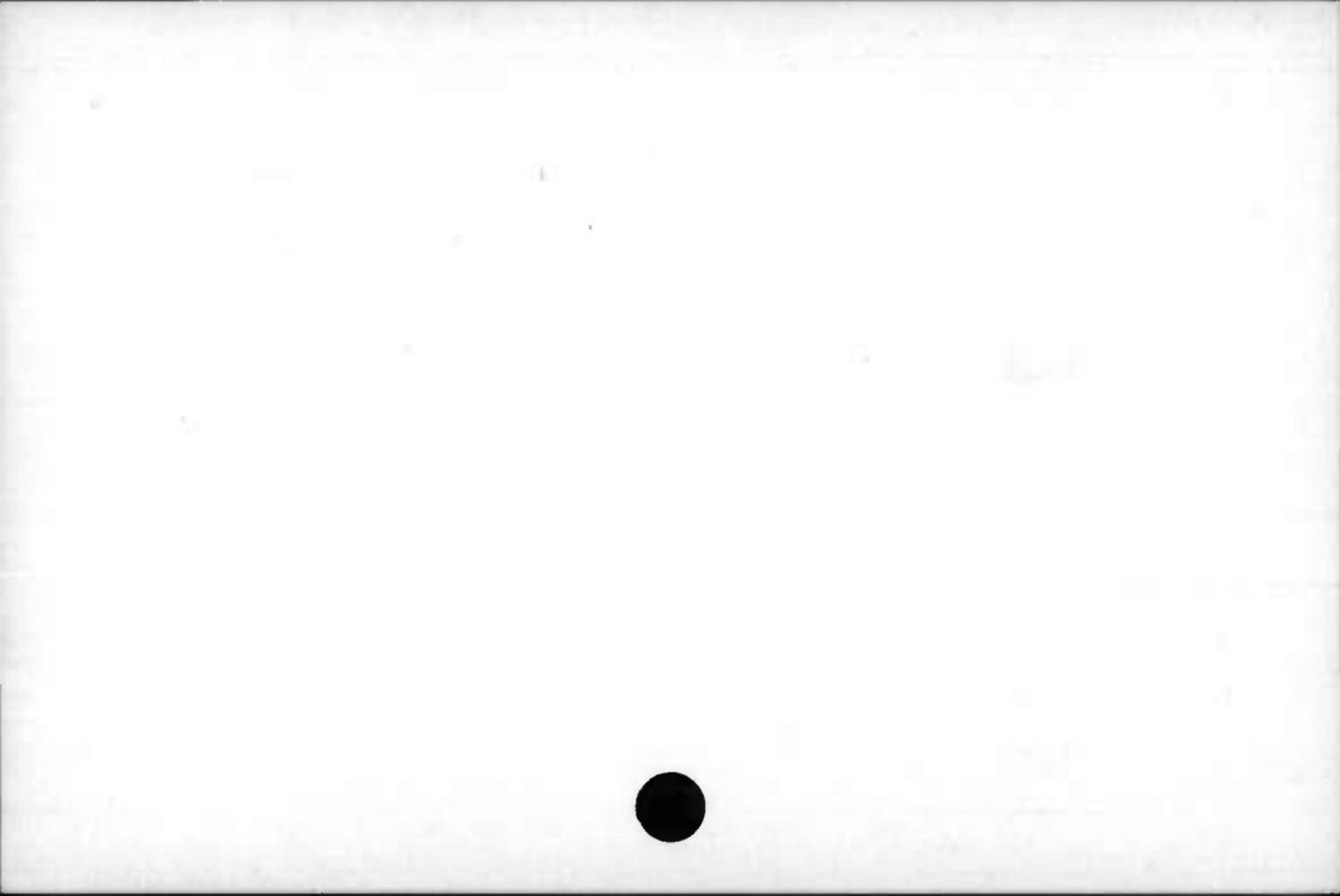
Yes

Signature of Physician

Address

S. V. Haffner, M.D.
Frederick, Md.

Accident or Suicide?



Name
in
Full

Jennie Hunt Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1907	March	22	22
Sex	Color or Race	Birth-place	
Female	Black	Va.	
Occupation	Where Residing if not at place of death		
Female	Author Lee		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Va.
Married	Author Lee	Harry Hust	
Father's Name	Mother's Birthplace		
Harry Hust	Va.		
Mother's Maiden Name	Name of person giving Information		
Hannah Griffon	Author Lee	Author Lee	Va.
		How related to deceased	Va.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Several years.

Immediate

Cardiac asthma

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. G. Bouone M.D.

Frederick Md

Accident or Suicide?

Interment Mar 24 - 07

" at Greenmount

Thomas F. Rice

Name
in
Full

Maria Hill Loeff
Frederick, Maryland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

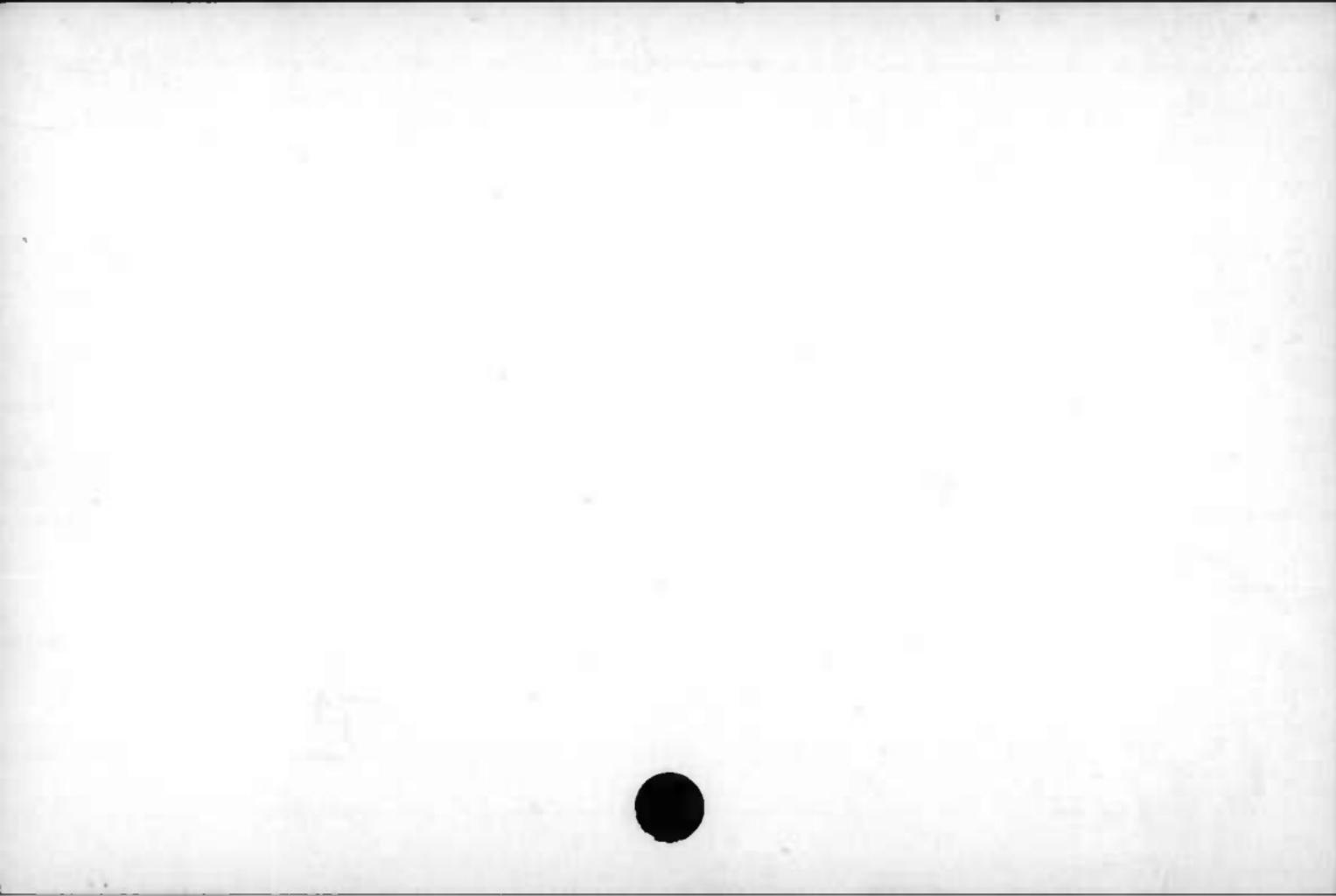
MARYLAND

Died at	Town		County				
Date of death 1907	Month March	Day 1	Age 83	Years 83	Months 10	Days 11	
Sex Female	Color or Race White				Birthplace Martinsburg W. Va.		
Occupation None			Where Residing if not at place of death at Race & Locality				
Married, Single or Widowed Widower	Name of Wife or Husband Ezra P. Loeff						
Father's Name Samuel Hill					Father's Birthplace Martinsburg W. Va.		
Mother's Maiden Name Maria Whistler					Mother's Birthplace Martinsburg W. Va.		
Name of person giving Information F. H. Loeff					How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	(66)	How long Several hours
Immediate Asthma		How long Several hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician S. V. M. Loeff	Address Frederick, Md.
Accident or Suicide?		



Name
in
Full

Alexander John McKenna

CERTIFICATE OF DEATH

Recorded
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Nov	Day 31	Years 65	Months —	Days 27
Sex Male	Color or Race white	Occupation Retired merchant			
Married, Single or Widowed Married	Name of Wife or Husband Julia Stouffer		Father's Birthplace Unknown	Unknown	
Father's Name Unknown	Mother's Maiden Name Unknown		Mother's Birthplace Unknown	Unknown	
Name of person giving Information A J Mc Kenna Jr	How related to deceased Son		How long 62		
CAUSES OF DEATH					
Primary	Loocomotor Ataxia		How long 5 yr.		
Immediate	Congestion lungs		How long 4 days		

PHYSICIAN
OR CORONER

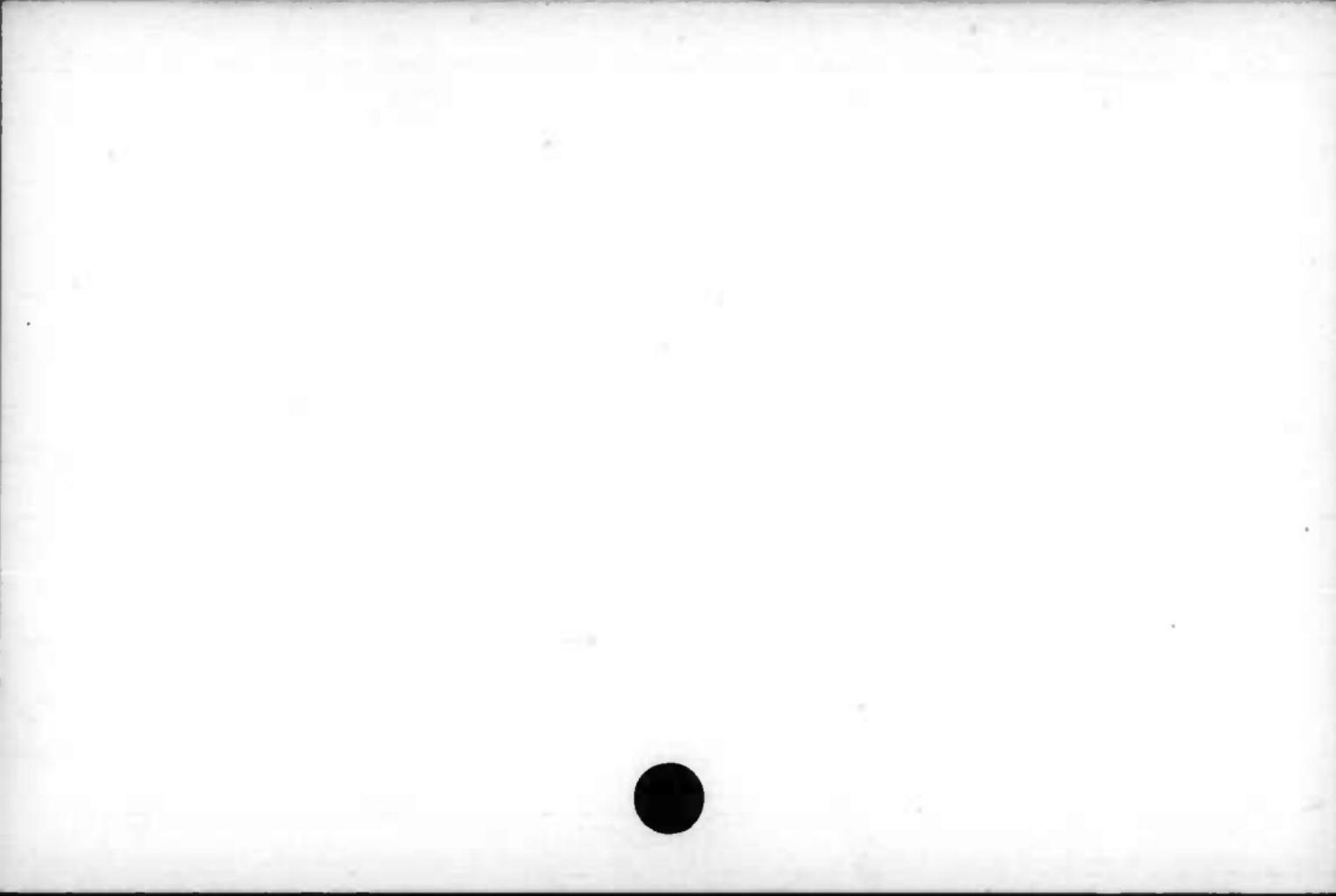
Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

James A. McKenzie

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Rocky Springs Frederick
Date Month Day Years Months Days
of death 1907 3 11 — 5 —

MARYLAND

Sex Male Color or Race White Birth-place F. Co Md
Occupation Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Wm B. McKenzie

Father's Birthplace F. Co Md

Mother's Maiden Name Alice E. Norris

Mother's Birthplace Wash. Co. Md

Name of person giving Information James McKenzie

How related to deceased Brother

CAUSES OF DEATH

104

How long

Primary

Over feeding

Immediate

acute Indigestion

How long 2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Frank Hedges
Frederick

PHYSICIAN
OR CORONER

Accident or Suicide?

Dr Hedges

Mr Miller

Interment at St John's

" Near 13 "

Thomas P. Rice

Name
In
Full

Kathaleen Vera Moser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Pleasant-Woods Frederick			County	MARYLAND	
Died at	Month	Day	Age	Years	Months	Days
Date of death	1907 Mar	6 th	4	4	6	—
Sex	Female	Color or Race	White	Birth-place	Frederick	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Harry Moser			Father's Birthplace	Maryland	
Mother's Maiden Name	Myrtie Grey			Mother's Birthplace	Maryland	
Name of person giving information	Harry Moser			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Scarlet Fever

(7)

How long

19 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. C. Wheeler M.D.

Address

Bowmaville

Washington Co.

Accident or Suicide?



Name
in
Full

Carrollus Merritt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	81 9 18
Occupation	Where Residing if not at place of death	Howard Co.	
Married, Single or Widower	Name of Wife or Husband	Frederick	
Father's Name	Dead - Anna R. Reich		
Mother's Maiden Name	Howard Co.		
Name of person giving information	Son-in-Law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Failure	179	How long Three months
Immediate "	"		How long Three days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Franklin Buchanan Smith
		Address	Frederick, Md
Accident or Suicide?	X		

W. Olinet
F. Schmeder

8/1907

Name
in
Full

Dr. E. E. Mullinix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Mary D. Elynn	Leonard B. Mullinix	Father's Birthplace	Maryland
Father's Name	Leonard B. Mullinix		Mother's Birthplace		"
Mother's Maiden Name	Elizabeth S. Etchison		Name of person giving information		How related to deceased

CAUSES OF DEATH

Primary

Influenza (10)

How long

1 week

Immediate

Pneumonia Cardiopathy

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank Hedges
Frederick

PHYSICIAN
OR CORONER

Accident or Suicide?

Ectolism

Feb 7/07

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lela May Miles

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month Mar.	Day 10th	Age 1	Years 1	Months 9	Days 11
Sex	Hermale	Color or Race	White		Birth-place	Md	
Occupation	Infant		Where Residing if not at place of death				
Married, Single or Widowed	Infant	Name of Wife or Husband					
Father's Name	Vernon C. Miles		Father's Birthplace	Md			
Mother's Maiden Name	Bertie Fox		Mother's Birthplace	Md			
Name of person giving Information	Vernon C. Miles		How related to deceased	Father			

CAUSES OF DEATH

(92)

Primary: Broncho Pneumonia How long: 4 weeks
Immediate: Convulsions How long: 24 hours

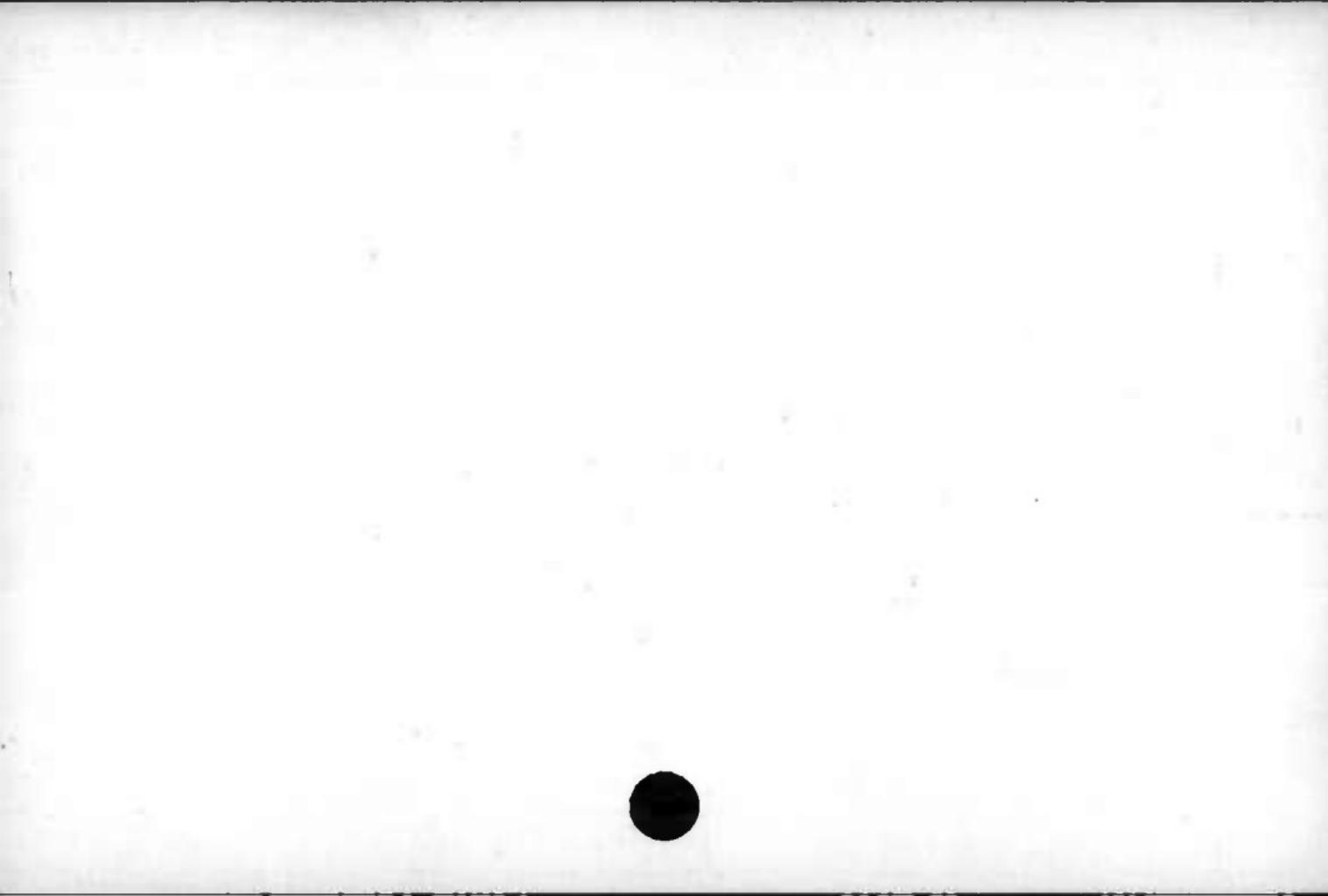
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank Hedges
Frederick

Accident or Suicide?



Name
in
Full

Elizabeth A Phebus

No. 6,
CERTIFICATE OF DEATH

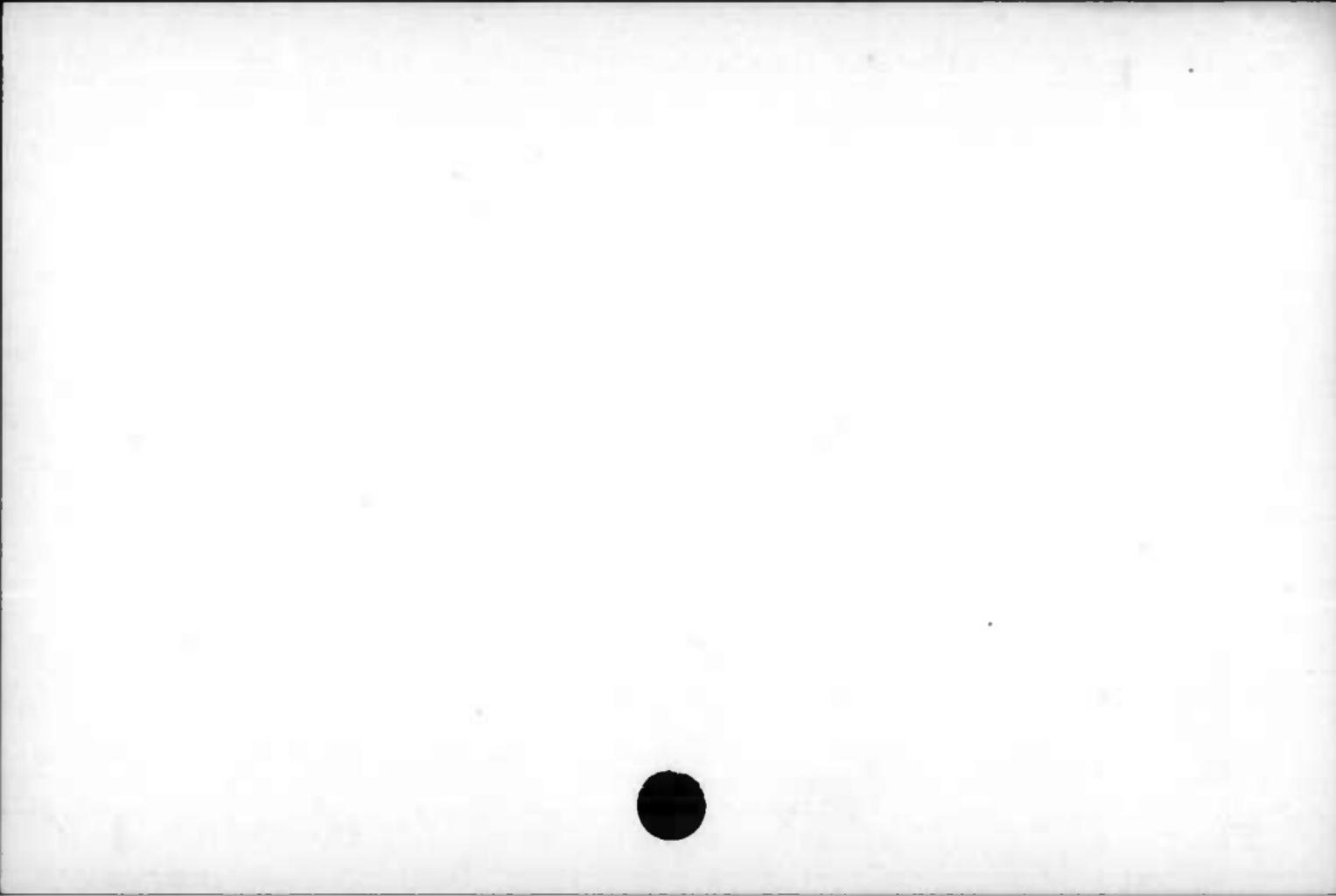
RECORDED AND
TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
New Market	Frederick		
Date of death 1907	Month 3	Day 10	Years 75
Age 75	Months 10	Days 12	
Sex Female	Color or Race White	Birth-place Frederick, Md	
Occupation Had nurse	Where Residing if not at place of death		
<input checked="" type="checkbox"/> Single or Widower	Name of Wife or Husband		
Father's Name Peter Phebus	Father's Birthplace Frederick		
Mother's Maiden Name Elizabeth Farmer	Mother's Birthplace Virginia		
Name of person giving information Emmeline Phebus	How related to deceased Sister Law		

CAUSES OF DEATH

Primary	Arterio - Occlusive (81)	
Immediate	Dropsy	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician H. H. Hopkins M. D.
		Address New Market, Md
Accident or Suicide?	no	



Name
in
Full

New Born Infant of John Poole

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	3	9	Age	—	1.40	
Sex	Female		Color or Race	White	Birth-place	City
Occupation			Where Residing if not at place of death	Same		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	John Poole		Father's Birthplace	St. Louis		
Mother's Maiden Name	Estella Besseling		Mother's Birthplace	" " "		
Name of person giving Information	John Poole		How related to deceased	Father		

CAUSES OF DEATH

151

Primary	Prematurity	7 months
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		Frank Hedges
		Frederick,

Dr Hedges

Dr Thomas

Instrument at Beaumaris

S. L. M.

Thomas P. Rice

Name
in
Full

Harvey L. Roamsburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death			Same	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Clarence L. Roamsburg			Father's Birthplace	St. Croix Md
Mother's Maiden Name	Anna M. Simmons			Mother's Birthplace	Frederick Md
Name of person giving Information	Mrs Roamsburg			How related to deceased	Father

CAUSES OF DEATH

Primary

Phim - Cough.

(8)

How long

5 weeks

Immediate

Double Pneumonia

How long

1 week

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Stew

Frank Hedger

Accident or Suicide?

Interment at Mt Olivet
" Near 8 - 07

Thomas J. Rice.

Name
in
Full

Charles O Remsalm

CERTIFICATE OF DEATH

Recorded
8pm
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	1	9	28
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John W Remsalm				
Mother's Maiden Name	Susan Fisher				
Name of person giving information	Father's Birthplace Harmony				
	Mother's Birthplace Fishers Hollow				
	How related to deceased				

CAUSES OF DEATH

Primary

Bronch Pneumonia

How long

92

Immediate

Are the name, age, sex, color, date and place correctly given above?

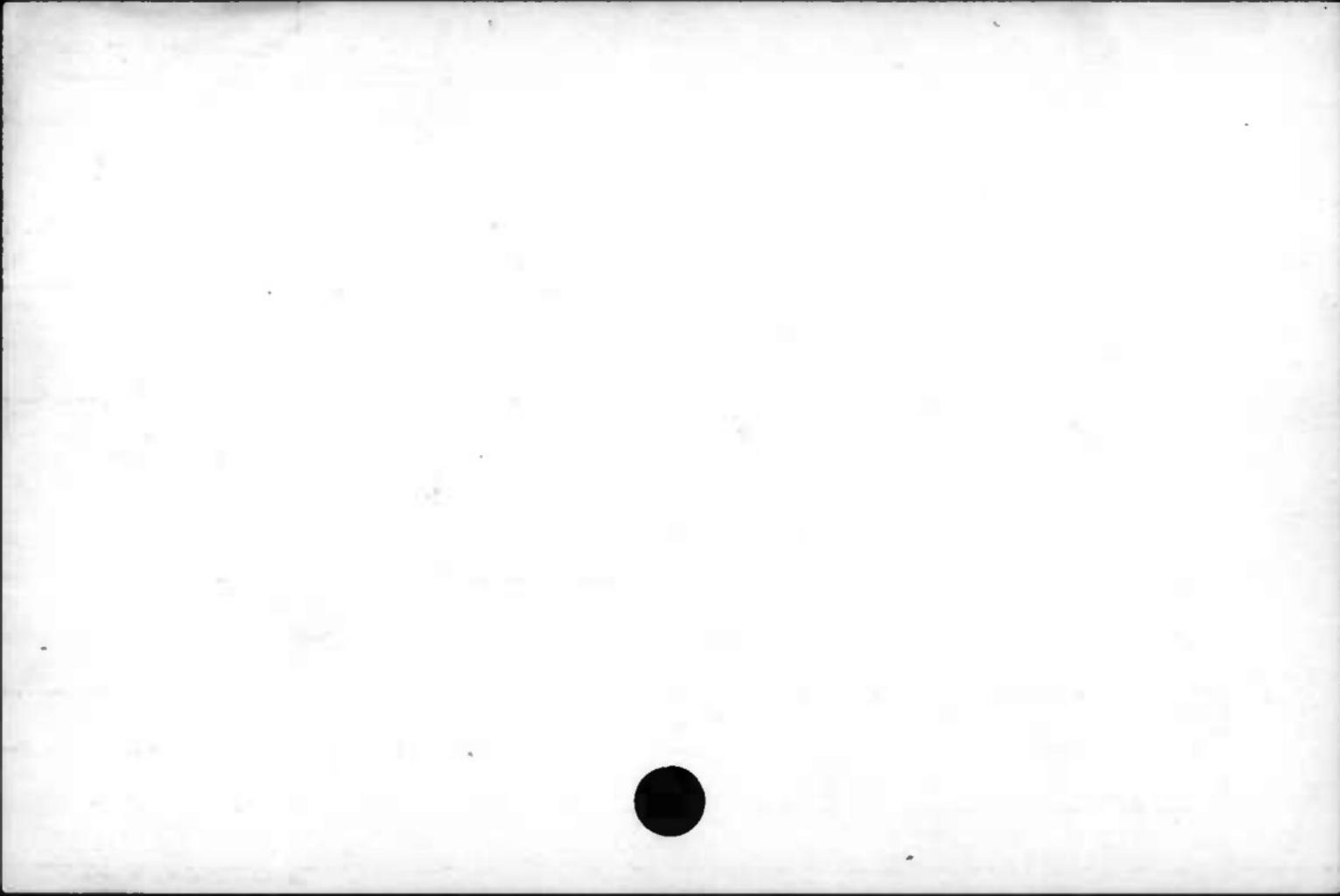
Yes

Signature of Physician

Address

Sam Clapp & Son
Peterville
Md

Accident or Suicide?



Name
in
Full

Caroline Saylor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

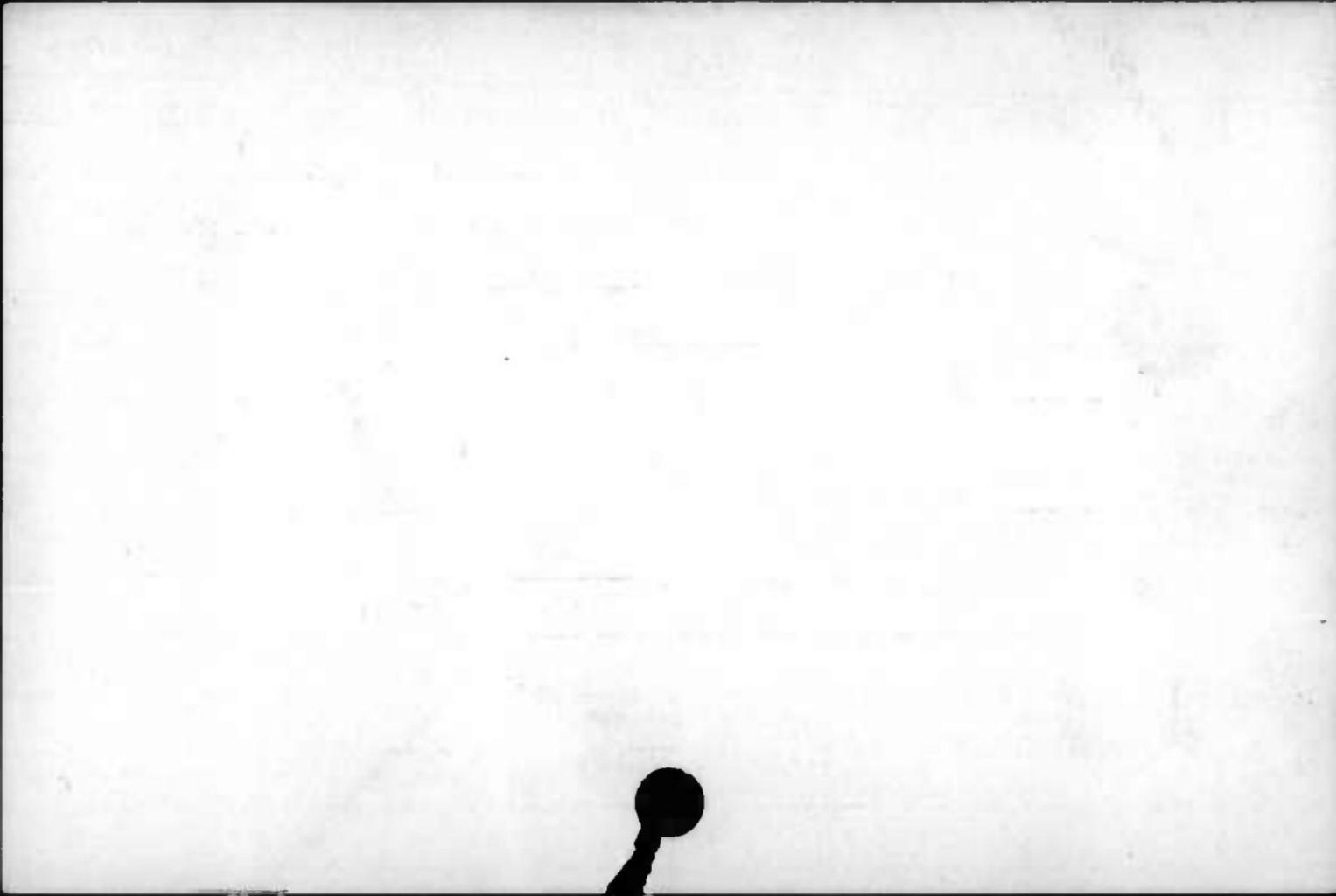
Died at	Town	Frederick	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	March	31	86	9	4	
Sex	Color or Race	White	Birth-place	Woodsboro,		
Female						
Occupation	Where Residing if not at place of death					
Retired	At same place					
Married, Single or Widowed	Name of Wife or Husband	Ezra Saylor	Father's Birthplace	Pa		
Widow						
Father's Name	Daniel B. Saylor					
Mother's Maiden Name	Lydia Hull					
Name of person giving information	M. B. Spaulds, wife.					

CAUSES OF DEATH

154

Primary	86 years of life	
Immediate	Senile Deteriority	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		R. L. Hammond
		Address
		Woodsboro
		Md.
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

Edith Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Wife Residing if not at place of death			Met Pleasant	
Married, Single or Widowed	Name of Wife or Husband				Met Pleasant
Father's Name	John H. Smith			Father's Birthplace	Met Pleasant
Mother's Maiden Name	Elizabeth Johnson			Mother's Birthplace	" "
Name of person giving information	John H. Smith			How related to deceased	Parents

CAUSES OF DEATH

Primary	Marasmus		151	How long	5 weeks
Immediate	Spasm			How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Mr. H. E. Stone	
			Address	Met Pleasant Frederick Co.	
Accident or Suicide?					

Mr. Pleasant
Rice

17

Name
in
Full

Ms Susan R. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1907	Mar.	8th	83		10	28
Sex	Femal	Color or Race	White	Birth-place	Md.	
Occupation	K. Clerk		Where residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Ferry G. Smith			
Father's Name	Jacob Gesey		Father's Birthplace		St. Louis Mo	
Mother's Maiden Name	Susanna Beatheman		Mother's Birthplace		" " "	
Name of person giving information	Chas. J. Smith		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

(154)

How long

Immediate

Bronchitis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank Hedges
Frederick

Accident or Suicide?

Nbr Miller

Interment at Charlottesville
" Mar 12 -

Thomas P. Rice

Name
in
Full

William Henry Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Cedar Grove		County	Frederick Co.		
Date of death 1907	Month March	Day 28	Age 77	Years 77	Months 5	Days 28
Sex Male	Color or Race White	Occupation Miller	Birth-place Frederick Co., Md.			
Married, Single or Widowed Widower						
Name of Wife or Husband Eliza E. Smith						
Father's Name Charles Smith			Father's Birthplace Don't know			
Mother's Maiden Name Catherine Elizabeth Klantz			Mother's Birthplace Wardoboro, N.H.			
Name of person giving Information Robert E. Smith			How related to deceased Son			

CAUSES OF DEATH

(120)

R

PHYSICIAN
OR CORONER

Primary

Bright's disease

How long

About 1 yr.

Immediate

General debility

How long

Gradual decline

Are the name, age, sex, color, date
and place correctly given above?

Yes w-

Signature of
Physician

Address

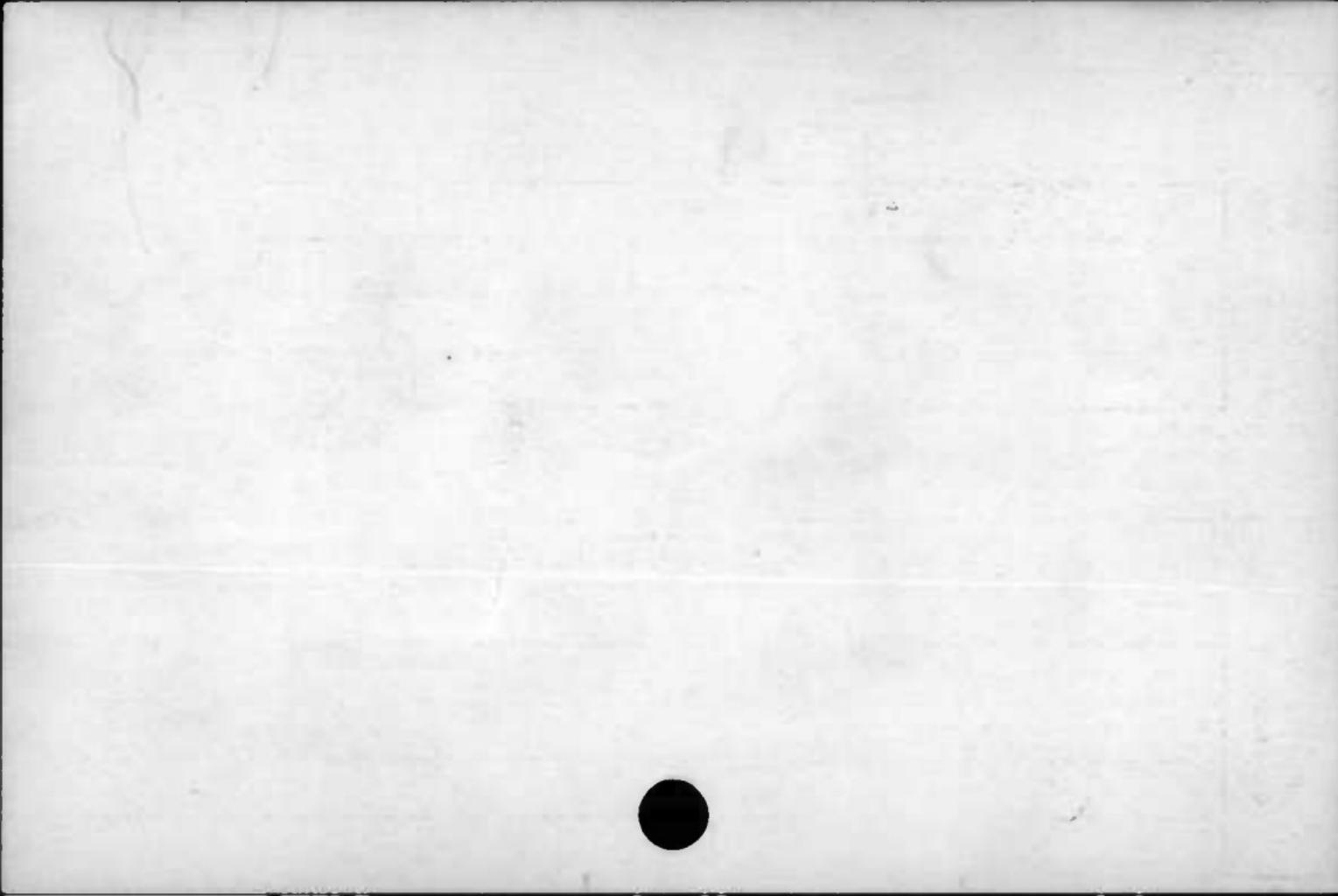
C. A. Steely

Woodabaro

Md.

best of my knowledge

Accident or Suicide?



Name
in
Full

Miranda Snowden

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Richard Snowden			
Father's Name	John Gray		Father's Birthplace	Mod	
Mother's Maiden Name	Annie Denmark		Mother's Birthplace	..	
Name of person giving Information	Mrs Holland		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	179	How long
Immediate	General Debility	179	2 Years.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
		W. G. Snowden	
		384 Franklin St.	
Accident or Suicide?	/	✓ Fict. nat.	

Interment at Greenmount
" Mar 6 - "

Thomas D Rice

Name
in
Full

Belle Sowers

CERTIFICATE OF DEATH

Recorded
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Burkittsville</u>		Town	<u>Frederick</u>	County	MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>11</u>	Age <u>39</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Near Burkittsville</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Penley Sowers</u>	Father's Name <u>Samuel Muntzer</u>	Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Willie McBrice</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>Trindley Sowers</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis

27

How long

18 mos

Immediate Exhaustion

How long

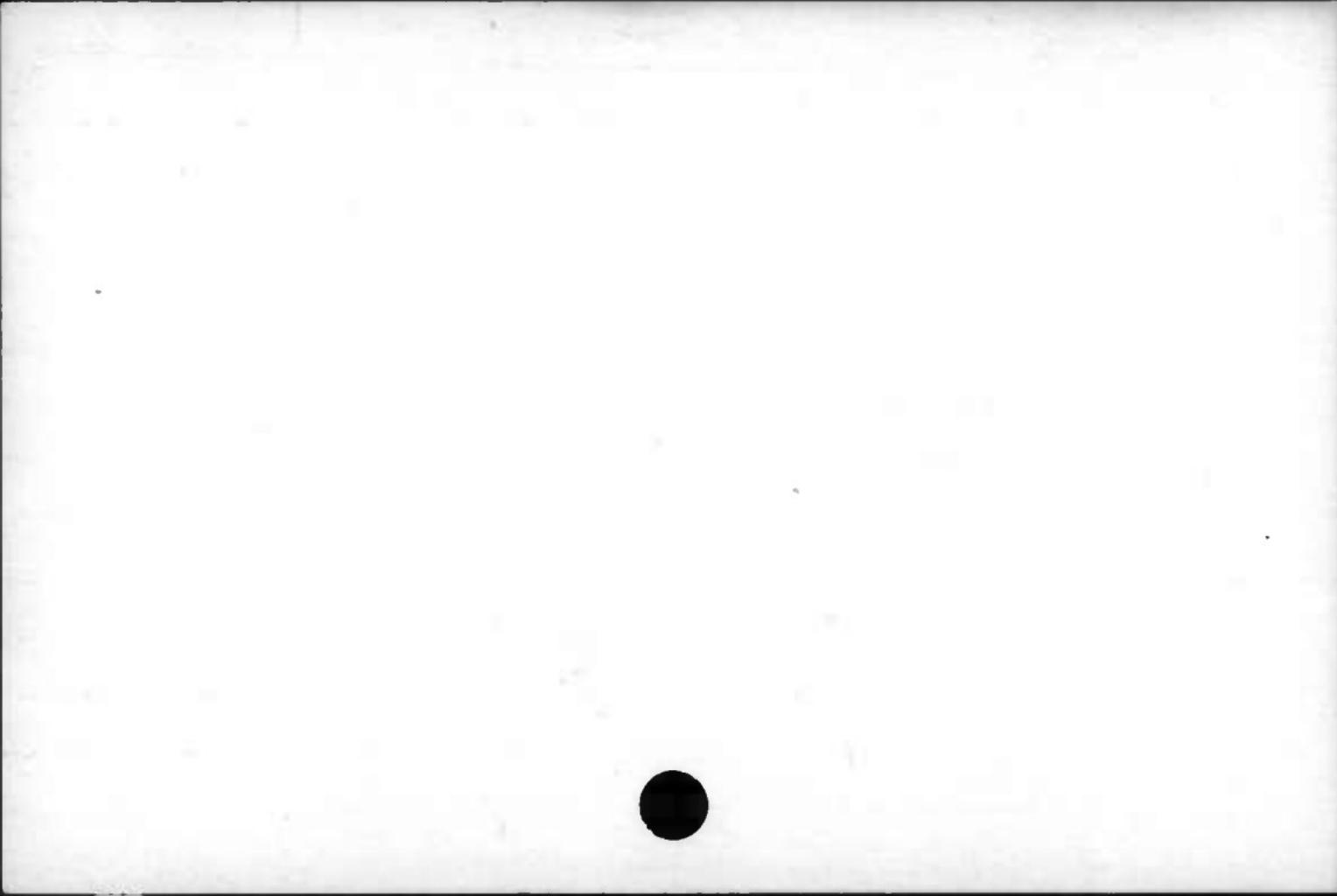
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Iso Younger
Burkittsville Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Wm Stockman				CERTIFICATE OF DEATH			
Died at	Town	County					
Date of death	Month	Day	Years	Months	Days	MARYLAND	
Sex	Male	Color or Race	Age	49	10	22	
Occupation	Farmer			Where Residing if not at place of death	Same		
Married, Single or Widowed	Married	Name of Wife or Husband	Phoebe Ann Neasell				
Father's Name	Lewis Stockman			Father's Birthplace	St. Co Md		
Mother's Maiden Name	Susan Fulmer			Mother's Birthplace	" " "		
Name of person giving Information	Mrs. Stockman			How related to deceased	Widow		

CAUSES OF DEATH

Primary	Arterio Sclerosis	
Immediate	Paralytic	
Are the name, age, sex, color, date and place correctly given above?	Yes	
PHYSICIAN OR CORONER	Signature of Physician	Address
Accident or Suicide?	—	

~~Mr Miller~~

Mrs Miller
Burial at N & Olivet
" March 4 -

Name
in
Full

Mary Ellen Strine

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frederick	County	Frederick	MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1907	July	23	Age	3	21		
Sex	Female	Color or Race	White	Birth-place	Frederick		
Occupation						Where Residing if not at place of death	Frederick
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	William Strine		Father's Birthplace Walkersville				
Mother's Maiden Name	Elsie Dintenfass		Mother's Birthplace Woodsboro				
Name of person giving information	William Strine		How related to deceased Father				

CAUSES OF DEATH

(8)

Primary	Pertussis Pneumonia		How long	10 Days.
Immediate	lemonade		How long	10 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank Hedges M.D.	
		Address	Frederick	
Accident or Suicide?		✓		

Woodburn

Mar 26/07

F. Schneider

Name
in
Full

Ezra Swope

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Bolivar	Frederick			
Date of death	Month	Day	Years	Months	Days
1907	March	9	74	2	18
Sex	Color or Race	Birth-place			
Male	White	Bolivar			
Occupation	Where Residing if not at place of death				
Carpenter					
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Single	Ezra Swope	Bolivar Md			
Mother's Maiden Name	Susan Swope	Bolivar Md			
Name of person giving information	B. M. Kauffman	Nefew			
CAUSES OF DEATH					
Primary	Dropsey	177	How long	One year	
Immediate	Gangrene		How long	5 days	

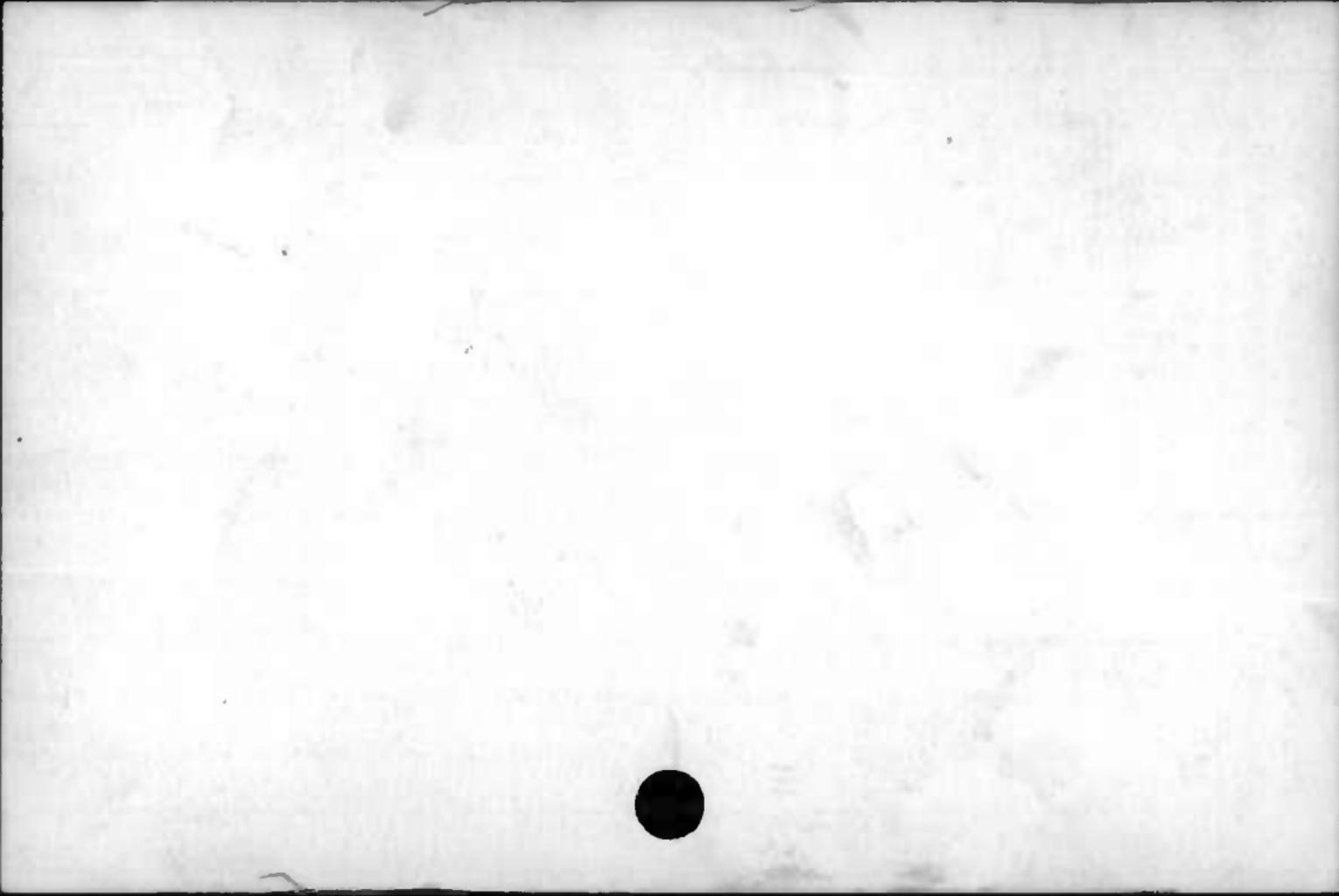
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Child of Mr & Mrs Ernest Thomas

CERTIFICATE OF DEATH

Recorded
TO BE ANSWERED BY
NEAREST FRIEND

Died at Mountain

Town

County
Fer-R

MARYLAND

Date of death 1907 Month Mar

Day 19

Years _____

Months _____

Days 16

Sex Female

Color or Race

White

Birthplace
Md.

Occupation _____

Where Residing If not
at place of death _____

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Ernest Thomas

Father's Birthplace
Md.

Mother's Maiden Name

Eugenie Rine

Mother's Birthplace
Md.

Name of person giving
Information

Thomas Henry

How related
to deceased
Sister

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

How long

Immediate Premature birth

How long

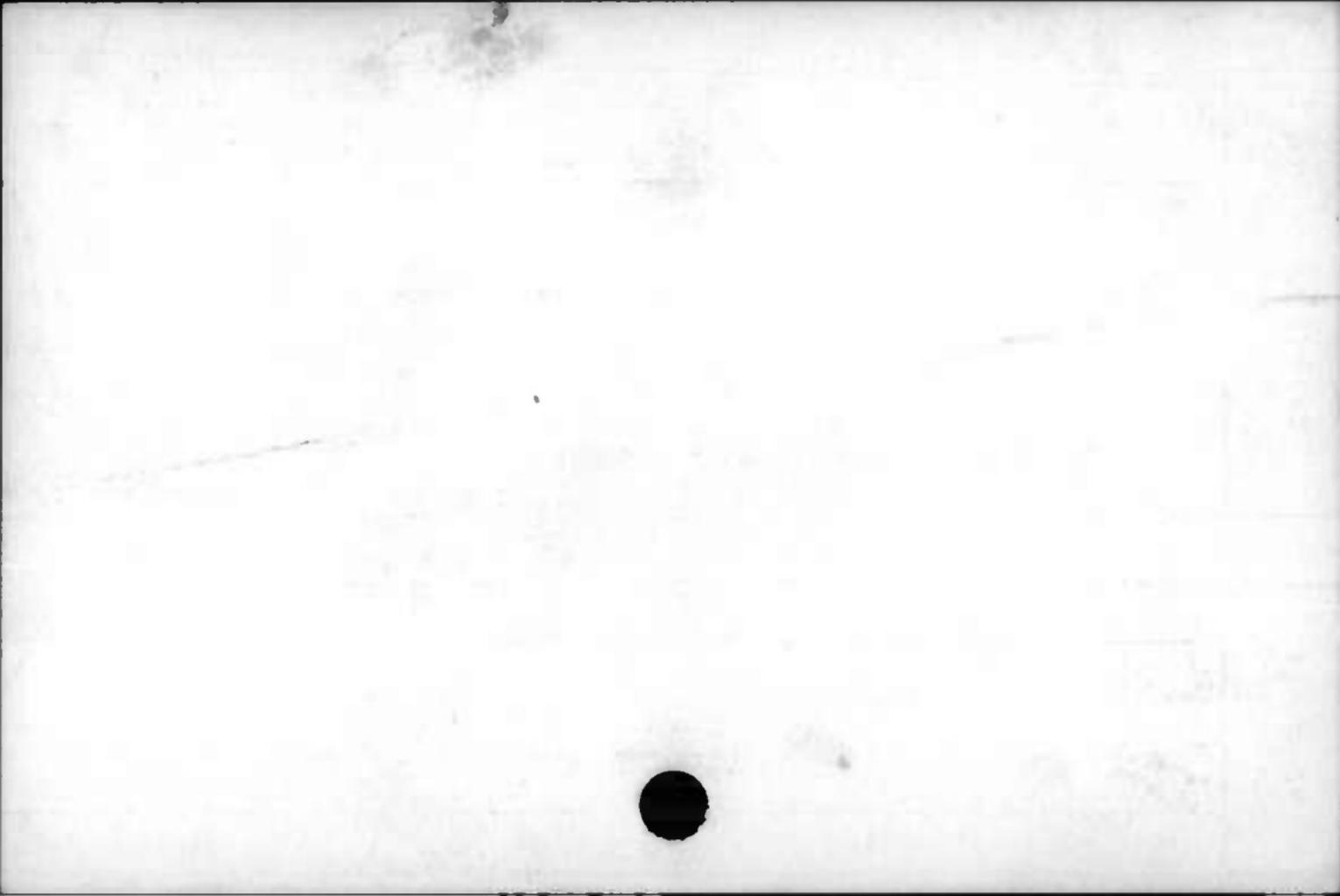
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

E. D. Nightingale
Lewistown
Md.

Accident or Suicide?



Name
in
Full

Harrison Key Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	9 2
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Sarah Harris	Sarah Harris	Mother's Birthplace
Name of person giving information	Sarah Harris	How related to deceased	Mother

CAUSES OF DEATH

28

Primary: Tubercular Meningitis several weeks.
Immediate: Convulsion few hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. H. G. Bourne
Frederick
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

Green Mt. Mon 16th

Name
in
Full

Leuton Twigg

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Baltimore Ct

Town

County

Frederech

MARYLAND

Date
of death

1907

Month

Mar

Day

19

Years

50

Age

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Mt.

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Olara Twigg

Father's
Name

Harrison

Twigg

Father's
Birthplace

Ind

Mother's
Maiden Name

Jane

Twigg

Mother's
Birthplace

Ind

Name of person giving
Information

Jane Twigg

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Accident

172

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

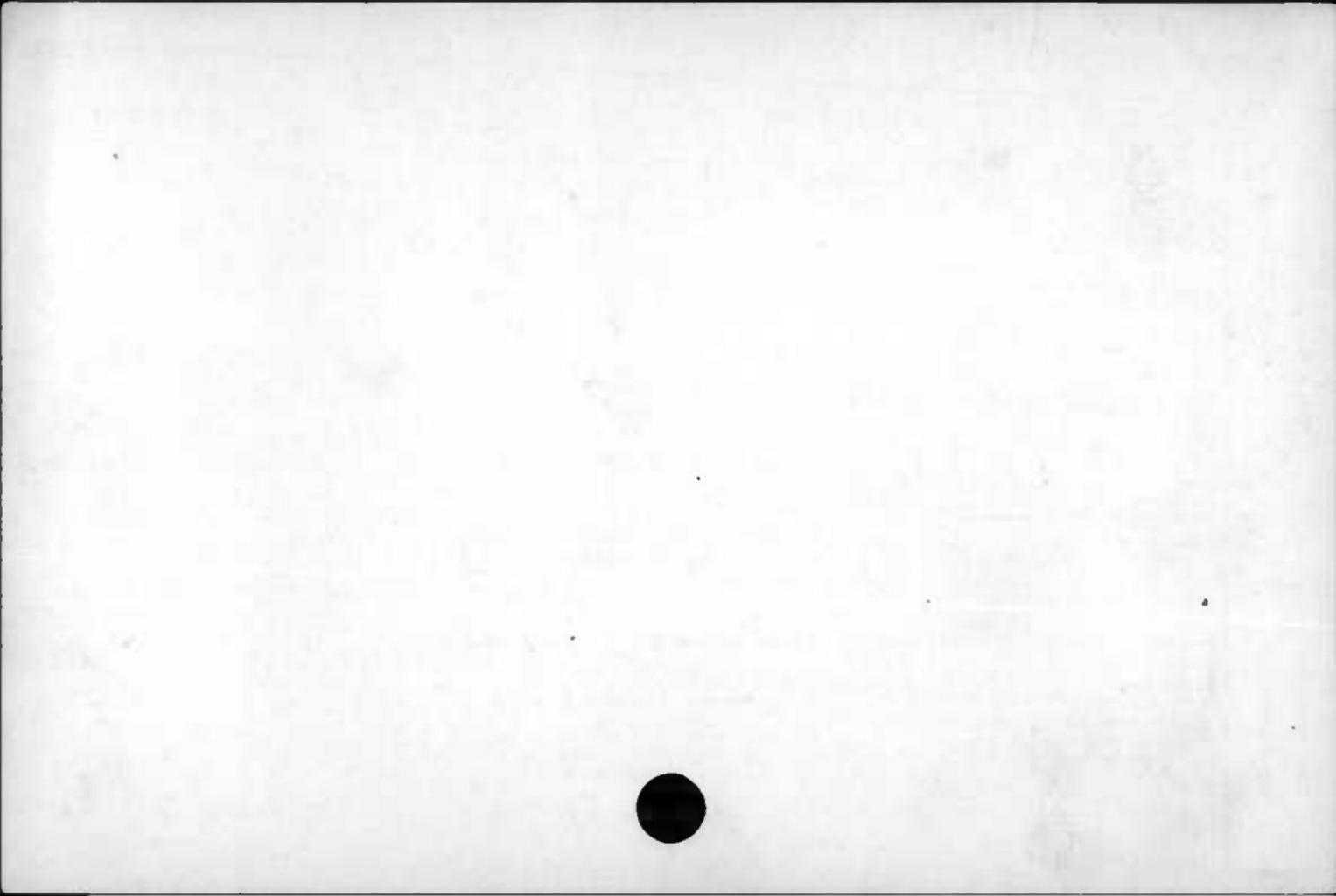
Address

Levin West

Baltimore Ct
Frederick Co

Accident or Suicide?

accident



Name
in
Full

Elsie May Wilkinsen

CERTIFICATE OF DEATH

MARYLAND

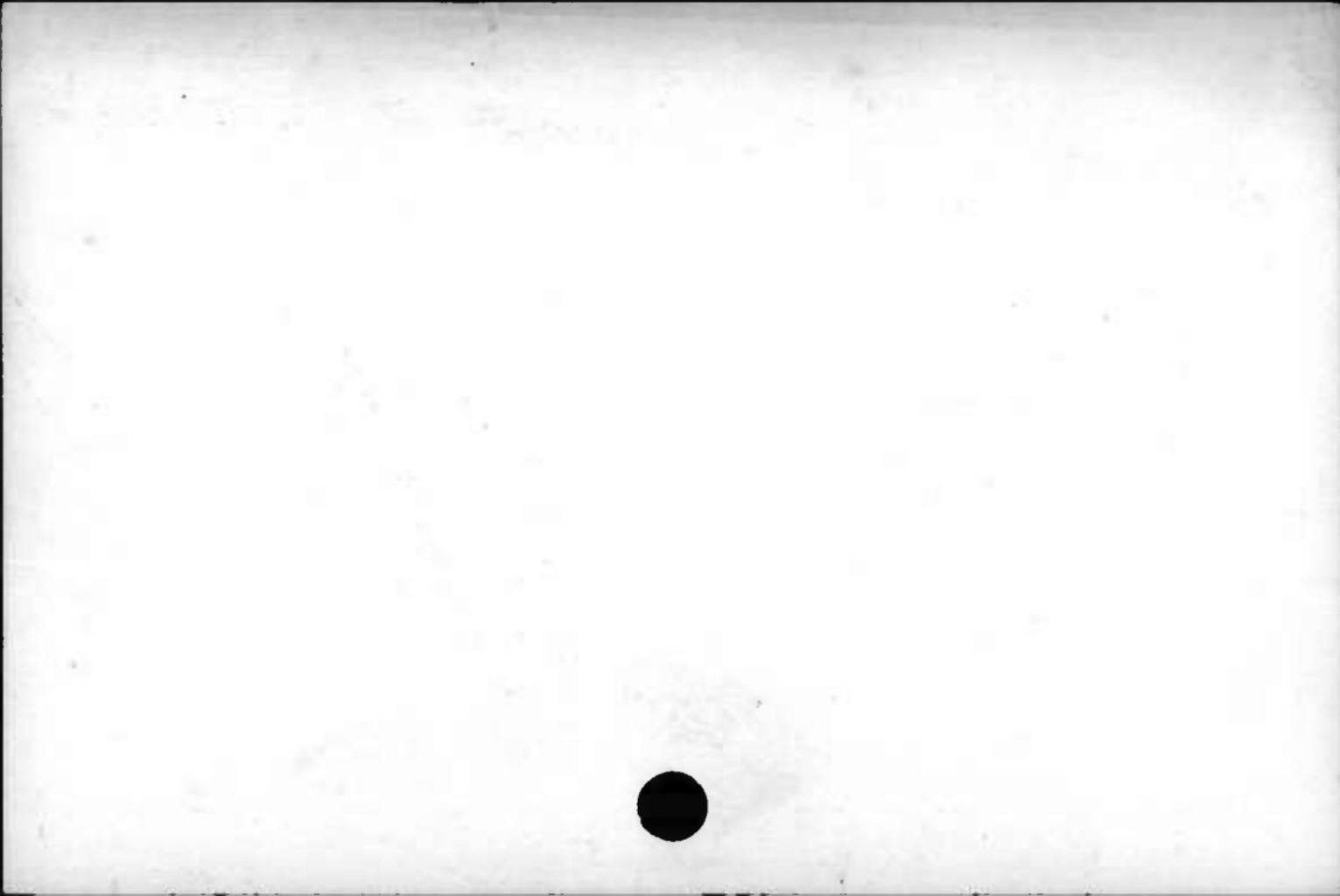
RECORDED
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County				
Burkittsville	Frederick					
Date of death	Month	Day	Years	Age	Months	Days
1907	Mar	26	1	81	11	19
Sex	Color or Race	Birthplace				
Female	Colored	Burkittsville Md				
Occupation	Where Residing if not at place of death					
Child						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Jean Wilkinsen	Father's Birthplace				
Mother's Maiden Name	Penny Cahn	Mother's Birthplace				
Name of person giving information	Jean Wilkinsen	How related to deceased				
		Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long	one wk
Immediate	Dyspnoea		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Encourter	
		Address	Burrillville Md	
Accident or Suicide?				



Name
in
Full

Dora Wraglon

CERTIFICATE OF DEATH

Recorded by
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 3	Day 19	Years 1	Months 1	Days 51
Sex	Female	Color or Race	Black	Birth-place	F. G. Corked	
Occupation				Where Residing if not at place of death	Same	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Charles Wraglon			Father's Birthplace	Va	
Mother's Maiden Name	Belle Johnson			Mother's Birthplace	F. G. Corked	
Name of person giving information	William Johnson			How related to deceased	Uncle	

CAUSES OF DEATH

119

Primary	Acute Nephritis		How long	About 2 weeks
Immediate	Uremia		How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	D. M. Bourne,
			Address	Fridencr, Md
Accident or Suicide?		nither	✓	

Statement at Hoope Hill

" Mar - 19 - 07

Thomas P. Rice